



2011 Formulary (List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS COVERED BY THIS PLAN

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

Please note that “**Plan**” refers to **Medco Medicare Prescription Plan® (PDP)** for Tennessee Valley Authority (TVA) throughout this formulary.

Customer Service department phone number1-800-592-4520
Customer Service TTY/TDD phone number.....1-800-716-3231
Customer Service days and hours of operation 24 hours a day, 7 days a week

Customer Service is available in English and other languages.

Websitewww.medco.com

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium, and/or co-payments/coinsurance may change on January 1, 2012.

This document is available in different formats, including braille. Please call the Customer Service numbers listed above if you need plan information in another format.

A Medicare-approved Part D sponsor

What is the plan formulary?

This formulary contains the entire list of covered Part D drugs selected by the **Plan** in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. The **Plan** will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Generally, if you are taking a drug on our 2011 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2011 coverage year, except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing amount for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our **Plan**, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits, and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe, or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of the date indicated on the front cover. **To get updated information about the drugs covered, please visit our website or call our Customer Service department using the information provided on the front cover of this formulary.** If there are additional changes made to the formulary which affect you that are not covered above, you will also be notified in writing of these changes within a reasonable time from when the changes are made.

How do I use the formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular, Hypertension/Lipids."

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 32. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Both brand-name drugs and generic drugs are covered under this **Plan**. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** You or your physician is required to get prior authorization for certain drugs. This means that you will need to get approval from the **Plan** before you fill your prescriptions. If you don't get approval, the drug may not be covered.
- **Quantity Limits:** For certain drugs, the amount of the drug that will be covered by the **Plan** is limited. For example, the **Plan** provides 30 tablets per prescription for CRESTOR®. This may be in addition to a standard 1-month or 3-month supply.
- **Step Therapy:** In some cases, you are required to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at www.medco.com.

You can ask us to make an exception to these restrictions or limits. See the section "How do I request an exception to the formulary?" on the next page for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this list of covered drugs, you should first contact our Customer Service department and ask if your drug is covered.

If you learn that your drug is not covered, you have two options:

- You can ask our Customer Service department for a list of similar drugs that are covered. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered.
- You can ask us to make an exception and cover your drug. See the next page for information about how to request an exception.

How do I request an exception to the formulary?

You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, the amount of the drug that we will cover is limited. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our Non-Preferred Brand Drug Tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in our Preferred Brand Drug Tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in our Specialty Drug Tier.

Generally, your request for an exception will only be approved if the alternative drugs included in the plan formulary, the lower-tiered drugs, or the additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you are requesting a formulary, tiering, or utilization restriction exception, you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believes that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician's supporting statement.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our **Plan**, you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary, but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you are taking. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our **Plan**.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, the **Plan** will not pay for these drugs, even if you have been a member of the **Plan** less than 90 days.

If you are a resident of a long-term care facility, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our **Plan**. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our

Plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription written for fewer days) while you pursue a formulary exception.

Other times when we will cover a temporary 30-day transition supply or 31-day transition supply for members entering or leaving a long-term care facility (or less, if you have a prescription written for fewer days) include:

- When you enter a long-term care facility
- When you leave a long-term care facility
- When you are discharged from a hospital
- When you leave a skilled nursing facility
- When you cancel hospice care

The **Plan** will send you a letter within 3 business days of your filling a temporary transition supply notifying you that this was a temporary supply and explaining your options.

For more information

For more detailed information about your prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you need additional information on network pharmacies, filling prescriptions via mail order, or any other general questions, please call our Customer Service department using the information provided on the front cover of this formulary.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by this **Plan**. If you have trouble finding your drug in the list, turn to the Index that begins on page 32.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., NEXIUM®) and generic drugs are listed in lowercase italics (e.g., *omeprazole*).

The information in the Notes column tells you if there are any special requirements for coverage of your drug.

What you will pay for your medications

The tier level refers to the level of coverage for each medication. The amount you pay at each tier level during your Initial Coverage stage is explained below. After you reach your \$200 retail-only deductible, you are responsible for paying these amounts for your medications until your total out-of-pocket costs reach \$4,550 (for the first three fills of a medication at retail). On your fourth fill of a medication at retail (and after), you will be responsible for a 50% coinsurance, unless you fill your prescription through our mail-order service. If you fill your prescription through our mail-order service, you will continue to pay the co-payments listed below for mail order.

Cost-Sharing Tier	Network retail cost-sharing (up to a 30-day supply)	Network retail cost-sharing (31 to 60-day supply)	Network retail cost-sharing (61 to 90-day supply)	Network mail-order cost-sharing
Tier 1: Generic Drugs	\$10.00 co-payment	\$20.00 co-payment	\$30.00 co-payment	\$10.00 co-payment (up to a 30-day supply); \$20.00 co-payment (31 to 90-day supply)
Tier 2: Preferred Brand Drugs	\$40.00 co-payment	\$80.00 co-payment	\$120.00 co-payment	\$40.00 co-payment (up to a 30-day supply); \$80.00 co-payment (31 to 90-day supply)
Tier 3: Non-Preferred Brand Drugs	\$80.00 co-payment	\$160.00 co-payment	\$240.00 co-payment	\$80.00 co-payment (up to a 30-day supply); \$120.00 co-payment (31 to 90-day supply)
Tier 4: Specialty Tier Drugs	\$80.00 co-payment	\$160.00 co-payment	\$240.00 co-payment	\$80.00 co-payment (up to a 30-day supply); \$120.00 co-payment (31 to 90-day supply)

If you are not sure whether your drug is covered, please visit our website or call our Customer Service department using the information provided on the front cover of this formulary.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for getting Extra Help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day, 7 days a week;
- The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or
- Your State Medicaid Office.

Below is a list of abbreviations that may appear on the following pages in the Notes column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

QL: Quantity Limit. For certain drugs, the **Plan** limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the **Plan** requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

PA: Prior Authorization. The **Plan** requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

HI: Home Infusion. This prescription drug may be covered under our medical benefit. For more information, call Customer Service.

GC: Gap Coverage. We provide coverage of this prescription drug in the Coverage Gap. Please refer to our Evidence of Coverage for more information about this coverage.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, call Customer Service.

FF: Free First Fill. This prescription drug may be provided at a reduced cost-sharing amount the first time you fill it.

ED: Enhanced Drug. This prescription drug is not normally covered in a Medicare prescription drug plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for Catastrophic Coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for this drug.

CB: Capped Benefit. This prescription drug has a capped benefit limit.

MO: Mail-Order Drugs. These prescription drugs are available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics). **Even though a drug may have a mail-order indicator, this does not mean that this drug is only available through our mail-order service. You can access drugs covered by this Plan through participating retail locations or mail order.**

Commonly Prescribed Therapeutic Drug Categories

ANTI - INFECTIVES

ANTIFUNGAL AGENTS

Drug Name	Drug Tier	Notes
<i>amphotericin b</i>	1	PA MO
ANCOBON	2	MO
<i>clotrimazole troc</i>	1	MO
DIFLUCAN IN NAACL INJ 200MG/100ML; 0.9%	2	MO
ERAXIS INJ 100MG	2	
<i>fluconazole susr</i>	1	MO
<i>fluconazole tabs</i>	1	MO
<i>fluconazole in dextrose inj 0; 400mg/200ml</i>	1	
GRIS-PEG	3	MO
<i>griseofulvin microsize</i>	1	MO
<i>itraconazole</i>	1	MO
<i>ketoconazole</i>	1	MO
NOXAFIL	2	MO
<i>nystatin susp</i>	1	MO
<i>nystatin tabs</i>	1	MO
SPORANOX ORAL SOLN	2	MO
<i>terbinafine tabs</i>	1	MO
VFEND	2	MO
VFEND IV	2	MO

ANTIVIRALS

<i>acyclovir caps</i>	1	MO
<i>acyclovir inj 500mg</i>	1	MO
<i>acyclovir susp</i>	1	MO
<i>acyclovir tabs</i>	1	MO
<i>amantadine</i>	1	MO
APTIVUS CAPS	4	MO
APTIVUS ORAL SOLN	4	
ATRIPLA	4	MO
BARACLUDE ORAL SOLN	2	QL(1890 per 90 days)
BARACLUDE TABS	2	MO QL(90 per 90 days)
COMBIVIR	4	MO
CRIXIVAN CAPS 100MG	2	

Drug Name	Drug Tier	Notes
CRIXIVAN CAPS 200MG, 333MG, 400MG	2	MO
<i>didanosine</i>	1	MO
EMTRIVA CAPS	2	MO
EMTRIVA ORAL SOLN	2	
EPIVIR	2	MO
EPIVIR HBV	2	MO
EPZICOM	4	MO
<i>famciclovir</i>	1	MO
<i>foscarnet sodium</i>	1	PA MO
FUZEON	4	MO
<i>ganciclovir caps</i>	1	MO
HEPSERA	4	QL(90 per 90 days)
INTELENCE	4	MO
INVIRASE	4	MO
ISENTRESS	4	MO
KALETRA ORAL SOLN	4	MO
KALETRA TABS 200MG; 50MG	4	MO
KALETRA TABS 100MG; 25MG	2	MO
LEXIVA SUSP	2	MO
LEXIVA TABS	4	MO
NORVIR	2	MO
PREZISTA TABS 75MG	2	MO
PREZISTA TABS 400MG, 600MG	4	MO
REBETOL ORAL SOLN	2	PA MO
RELENZA DISKHALER	2	QL(300 per 365 days)
RESCRIPTOR	3	MO
RETROVIR IV INFUSION	2	MO
REYATAZ	4	MO
<i>ribapak</i>	4	PA MO
<i>ribasphere caps</i>	4	PA MO
<i>ribasphere tabs 400mg</i>	4	PA
<i>ribasphere tabs 600mg</i>	4	PA MO
<i>ribasphere tabs 200mg</i>	1	PA MO
<i>ribavirin tabs 200mg</i>	1	PA
<i>ribavirin caps</i>	4	PA
<i>rimantadine hcl</i>	1	MO

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
SELZENTRY	4	MO	<i>cefuroxime sodium inj 7.5gm</i>	1	
<i>stavudine</i>	1	MO	<i>cefuroxime sodium inj 1.5gm, 750mg</i>	1	MO
SUSTIVA	2	MO	CEFUROXIME/DEXTROSE	2	
TAMIFLU CAPS 45MG, 75MG	2	QL(56 per 365 days)	<i>cephalexin</i>	1	MO
		MO	FORTAZ INJ 1GM, 1GM/50ML; 5%, 2GM/50ML; 5%, 6GM	2	
TAMIFLU CAPS 30MG	2	QL(112 per 365 days)	FORTAZ INJ 2GM	2	MO
		MO	MAXIPIME	3	MO
TAMIFLU SUSR	2	MO	SUPRAX	3	MO
TRIZIVIR	4	MO	TAZICEF INJ 1GM, 2GM, 6GM	2	
TRUVADA	4	MO	ZINACEF INJ 1.5GM, 750MG	2	
TYZEKA	4	MO	ZINACEF IN ISO-OSMOTIC DEXTROSE	2	
<i>valacyclovir hcl</i>	1	MO	ZINACEF IN ISO-OSMOTIC DILUENT	2	
VALCYTE ORAL SOLN	4				
VALCYTE TABS	4	MO			
VIDEX PEDIATRIC ORAL SOLN 2GM	2	MO			
VIRACEPT POWD	2	MO			
VIRACEPT TABS	4	MO			
VIRAMUNE	2	MO			
VIREAD	2	MO			
ZIAGEN	2	MO			
<i>zidovudine</i>	1	MO			
CEPHALOSPORINS			ERYTHROMYCINS / OTHER MACROLIDES		
<i>cefaclor</i>	1	MO	<i>azithromycin inj 500mg</i>	1	MO
<i>cefadroxil</i>	1	MO	<i>azithromycin susr</i>	1	MO
<i>cefazolin inj 1gm; 5%, 20gm, 500mg</i>	1		<i>azithromycin tabs</i>	1	MO
<i>cefazolin inj 1gm</i>	1	MO	<i>clarithromycin</i>	1	MO
<i>cefdinir</i>	1	MO	<i>clarithromycin er e.e.s. 400</i>	1	MO
<i>cefepime inj 2gm</i>	1		E.E.S. GRANULES	2	MO
<i>cefepime inj 1gm</i>	1	MO	ERY-TAB	2	MO
<i>cefotaxime sodium inj 10gm, 1gm, 500mg</i>	1		ERYTHROCIN	2	
<i>cefotaxime sodium inj 2gm</i>	1	MO	LACTOBIONATE INJ 500MG		
<i>cefoxitin sodium inj 10gm, 2gm</i>	1		<i>erythrocin stearate</i>	1	MO
<i>cefoxitin sodium inj 1gm</i>	1	MO	<i>erythromycin / sulfisoxazole</i>	1	MO
<i>cefpodoxime proxetil</i>	1	MO	ERYTHROMYCIN BASE	2	MO
<i>ceftriaxone sodium inj 10gm</i>	1		ZMAX	2	MO
<i>ceftriaxone sodium inj 250mg, 500mg</i>	1	MO			
CEFTRIAOXONE/DEXTROSE	2				
<i>cefuroxime axetil</i>	1	MO			
			MISCELLANEOUS ANTIINFECTIVES		
			ALBENZA	2	MO
			ALINIA	2	MO
			<i>amikacin sulfate inj 250mg/ml</i>	1	
			<i>amikacin sulfate inj 50mg/ml</i>	1	MO
			AZACTAM INJ 2GM	2	MO
			AZACTAM IN DEXTROSE	2	
			AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 1GM; 0	2	
			BILTRICIDE	2	MO
			CAPASTAT SULFATE	3	
			<i>chloroquine</i>	1	MO

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
CLEOCIN GALAXY	2		<i>rifampin</i>	1	MO
CLEOCIN PEDIATRIC GRANULES	2	MO	SEROMYCIN	2	MO
<i>clindamycin hcl</i>	1	MO	STREPTOMYCIN SULFATE	2	MO
<i>clindamycin phosphate advantage</i>	1		STROMEKTOL	2	MO
COARTEM	2	MO	TOBI	4	PA MO
<i>colistimethate sodium</i>	1	MO	<i>tobramycin inj 10mg/ml</i>	1	
CUBICIN	2	MO	<i>tobramycin inj 80mg/2ml</i>	1	MO
DAPSONE	2	MO	TOBRAMYCIN SULFATE / SODIUM CHLORIDE	2	
DARAPRIM	2	MO	TRECTOR	2	MO
<i>ethambutol tabs 400mg</i>	1		TYGACIL	2	MO
<i>ethambutol tabs 100mg</i>	1	MO	XIFAXAN TABS 200MG	3	QL(9 per 30 days) MO
<i>gentamicin sulfate inj 10mg/ml</i>	1		ZYVOX INJ	2	MO
<i>gentamicin sulfate inj 40mg/ml</i>	1	MO	ZYVOX SUSR	2	QL(1800 per 30 days) MO
<i>gentamicin sulfate/0.9% sodium chloride</i>	1		ZYVOX TABS	2	QL(56 per 30 days) MO
<i>gentamicin sulfate/sodium chloride inj 1.2mg/ml; 0.9% hydroxychloroquine</i>	1	MO			
<i>isonarif</i>	1	MO	PENICILLINS		
<i>isoniazid tabs</i>	1	MO	<i>amoxicillin</i>	1	MO
ISONIAZID SYRP	2	MO	<i>amoxicillin/clavulanate potassium</i>	1	MO
<i>isotonic gentamicin inj 0.6mg/ml; 0.9%, 0.8mg/ml; 0.9%</i>	1		<i>amoxicillin/clavulanate potassium er</i>	1	MO
KETEK	2	QL(20 per 30 days) MO	<i>amoxicillin/potassium clavulanate tabs</i>	1	MO
MALARONE	2	MO	<i>ampicillin caps</i>	1	MO
<i>mebendazole</i>	1	MO	<i>ampicillin inj 10gm, 1gm</i>	1	
<i>mefloquine hcl</i>	1	MO	<i>ampicillin susr</i>	1	MO
MEPRON	4	MO	AMPICILLIN INJ 125MG	2	
<i>metronidazole</i>	1	MO	<i>ampicillin-sulbactam inj 10gm; 5gm</i>	1	
<i>metronidazole in nacl 0.79%</i>	1	MO	<i>ampicillin-sulbactam inj 2gm; 1gm</i>	1	MO
MYCOBUTIN	2	MO	BICILLIN C-R	2	MO
NEBUPENT	2	PA MO	BICILLIN L-A	2	MO
<i>neomycin sulfate</i>	1	MO	<i>dicloxacillin sodium</i>	1	MO
<i>paromomycin</i>	1	MO	<i>nafcillin sodium inj 10gm</i>	1	
PASER	2	MO	<i>nafcillin sodium inj 1gm</i>	1	MO
PRIMAQUINE	2	MO	NALLPEN/DEXTROSE INJ 0; 1GM/50ML	2	
PRIMAXIN I.M.	2	MO	<i>penicillin g potassium</i>	1	
PRIMAXIN IV	2	MO	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	2	
<i>pyrazinamide</i>	1	MO			
QUALAQUIN	2	MO			

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PENICILLIN G PROCAINE	2	MO	MACRODANTIN CAPS 25MG	2	MO
PENICILLIN G SODIUM	2		<i>methenamine hippurate</i>	1	MO
<i>penicillin v potassium</i>	1	MO	<i>nitrofurantoin macrocrystalline caps 50mg</i>	1	MO
<i>pfizerpen-g inj 20mu</i>	1		<i>nitrofurantoin monohydrate</i>	1	MO
<i>piperacillin sodium/ tazobactam sodium inj 3gm; 0.375gm</i>	1	MO	PRIMSOL	3	MO
UNASYN INJ 2GM; 1GM	2	MO	<i>trimethoprim</i>	1	MO
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML	2		VANCOMYCIN		
ZOSYN INJ 3GM; 0.375GM	2	MO	VANCOGIN ORAL	2	MO
QUINOLONES			<i>vancomycin inj 10gm</i>	1	
AVELOX INJ	2		<i>vancomycin inj 1000mg</i>	1	MO
AVELOX TABS	2	MO	VANCOMYCIN HCL ISO-OSMOTIC DEXTROSE	2	
AVELOX ABC PACK	2	MO	VIBATIV INJ 250MG	2	
CIPRO I.V.-IN D5W	2	MO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>ciprofloxacin inj</i>	1		ADJUNCTIVE AGENTS		
<i>ciprofloxacin tabs</i>	1	MO	<i>amifostine</i>	4	MO
LEVAQUIN INJ 5%; 750MG/150ML	2		<i>dexrazoxane inj 500mg</i>	1	MO
LEVAQUIN INJ 25MG/ML	3	MO	ELITEK INJ 1.5MG	4	
LEVAQUIN ORAL SOLN	3	MO	LEUCOVORIN CALCIUM TABS 10MG, 15MG	2	MO
LEVAQUIN TABS	3	MO	<i>leucovorin calcium inj 100mg, 350mg</i>	1	MO
NOROXIN	3	MO	<i>leucovorin calcium tabs 25mg, 5mg</i>	1	MO
<i>ofloxacin</i>	1	MO	<i>mesna</i>	1	MO
SULFA'S / RELATED AGENTS			MESNEX TABS	2	MO
<i>sulfadiazine</i>	1	MO	ZINECARD INJ 250MG	2	MO
<i>sulfamethoxazole / trimethoprim</i>	1	MO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO	ABRAXANE	3	MO
<i>sulfatrim</i>	1	MO	<i>adriamycin inj 2mg/ml</i>	1	
TETRACYCLINES			AFINITOR TABS 5MG	4	PA QL(90 per 90 days) MO
<i>demeclocycline hcl</i>	1	MO	AFINITOR TABS 10MG	4	PA QL(180 per 90 days) MO
<i>doxycycline hyclate caps</i>	1	MO	ALIMTA INJ 500MG	3	MO
<i>doxycycline hyclate inj</i>	1	MO	ALKERAN INJ	3	
<i>doxycycline hyclate tabs</i>	1	MO	ARIMIDEX	2	MO
<i>doxycycline monohydrate tabs 150mg, 50mg, 75mg</i>	1	MO	AROMASIN	2	MO
<i>minocycline hcl</i>	1	MO	ARRANON	3	
<i>minocycline hcl er</i>	1	MO	URINARY TRACT AGENTS		
<i>tetracycline hcl</i>	1	MO	FURADANTIN	2	MO
VIBRAMYCIN SYRP	2	MO			

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ARZERRA	2	MO	FIRMAGON INJ 80MG	2	MO
AVASTIN	3	MO	FIRMAGON INJ 120MG	4	MO
<i>azathioprine</i>	1	PA MO	<i>fludarabine phosphate inj 50mg</i>	1	MO
<i>azathioprine sodium</i>	1	PA MO	<i>fluorouracil</i>	1	MO
<i>bicalutamide</i>	1	MO	<i>flutamide</i>	1	MO
BICNU	3	MO	GEMZAR INJ 1GM	3	MO
<i>bleomycin sulfate inj 30unit</i>	1		<i>gengraf</i>	1	PA MO
BUSULFEX	2		GLEEVEC	4	MO
CAMPATH	3	MO	HERCEPTIN	3	MO
<i>carboplatin inj 150mg/15ml</i>	1	MO	HEXALEN	4	MO
CEENU	2	MO	HYCAMTIN INJ	3	MO
CELLCEPT	2	PA MO	<i>hydroxyurea</i>	1	MO
CELLCEPT INTRAVENOUS	2		<i>idarubicin hcl</i>	1	
<i>cisplatin</i>	1	MO	IFEX INJ 3GM	3	MO
<i>cladribine</i>	1	MO	<i>ifosfamide inj 1gm</i>	1	
CLOLAR	3		<i>ifosfamide/mesna</i>	4	
COSMEGEN	3	MO	<i>irinotecan</i>	1	MO
<i>cyclophosphamide tabs</i>	1	PA MO	ISTODAX	2	MO
<i>cyclosporine caps 100mg, 25mg</i>	1	PA MO	IXEMPRA KIT INJ 45MG	4	MO
<i>cyclosporine inj</i>	1	PA	LEUKERAN	2	MO
<i>cyclosporine oral soln</i>	1	PA MO	<i>leuprolide acetate</i>	1	MO
CYCLOSPORINE CAPS 50MG	2	PA	LEUSTATIN	2	MO
<i>cytarabine inj 500mg</i>	1	MO	LUPRON DEPOT INJ 3.75MG	2	MO
<i>cytarabine aqueous inj 20mg/ml</i>	1	MO	LUPRON DEPOT INJ 11.25MG, 22.5MG, 30MG, 7.5MG	4	MO
CYTARABINE AQUEOUS INJ 100MG/ML	2	MO	LUPRON DEPOT-PED INJ 11.25MG, 15MG	4	MO
<i>dacarbazine inj 200mg</i>	1	MO	LYSODREN	2	MO
DAUNORUBICIN HCL INJ 5MG/ML	3		MATULANE	4	MO
DOXIL	2	MO	MEGACE ES	3	MO
<i>doxorubicin hcl</i>	1		<i>megestrol acetate</i>	1	MO
DROXIA	2	MO	<i>melphalan hydrochloride</i>	1	
ELLECE	3	MO	<i>mercaptopurine</i>	1	MO
ELOXATIN	3	MO	<i>methotrexate</i>	1	PA MO
ELSPAR	3	MO	<i>methotrexate sodium inj 25mg/ml</i>	1	MO
EMCYT	2	MO	METHOTREXATE SODIUM INJ 1GM	3	
<i>epirubicin hcl inj 50mg/25ml</i>	1		<i>mitomycin inj 20mg</i>	1	MO
ERBITUX	3	MO	<i>mitoxantrone hcl</i>	1	MO
ETOPOPHOS	3	MO	MUSTARGEN	3	MO
<i>etoposide inj</i>	1	MO	<i>mycophenolate mofetil</i>	1	PA MO
FARESTON	3	MO	MYFORTIC	2	PA MO
FASLODEX	4	MO	NEORAL	2	PA MO
FEMARA	2	MO			

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
NEXAVAR	4	LA PA QL(360 per 90 days) MO	TARCEVA TABS 25MG	4	PA QL(180 per 90 days) MO
NILANDRON	3	MO	TARGRETIN	2	MO
NIPENT	3	MO	TASIGNA CAPS 200MG	4	MO
<i>octreotide</i>	1	MO	TAXOTERE	4	MO
ONCASPAR	3	MO	THALOMID	4	PA MO
ONTAK	3		<i>thiotepa</i>	1	MO
ORTHOCLONE OKT3	2		<i>toposar</i>	1	MO
<i>oxaliplatin inj 100mg/20ml</i>	1	MO	TORISEL	4	PA MO
<i>paclitaxel</i>	1	MO	TREANDA INJ 100MG	4	MO
<i>pentostatin</i>	1		TRELSTAR DEPOT MIXJECT	3	MO
PHOTOFRIN	3		TRELSTAR LA MIXJECT	3	MO
PROGRAF INJ	2	PA	<i>tretinoin</i>	1	MO
RAPAMUNE ORAL SOLN	2	PA MO	TRISENOX	2	MO
RAPAMUNE TABS 1MG, 2MG	2	PA MO	TYKERB	4	LA QL(540 per 90 days) MO
REVLIMID	4	LA MO	VECTIBIX	4	MO
RHEUMATREX	3	PA MO	VELCADE	3	MO
RITUXAN	2	PA MO	VIDAZA	4	QL(4200 per 90 days) MO
SANDIMMUNE CAPS	2	PA MO	<i>vinblastine sulfate inj 10mg</i>	1	
SANDIMMUNE INJ	2	PA	<i>vincasar pfs</i>	1	
SANDIMMUNE ORAL SOLN	2	PA MO	<i>vincristine sulfate</i>	1	
SANDOSTATIN INJ	4	MO	<i>vinorelbine tartrate</i>	1	MO
100MCG/ML, 500MCG/ML, 50MCG/ML			VOTRIENT	4	MO
SANDOSTATIN LAR DEPOT	3	MO	ZANOSAR	3	MO
SIMULECT INJ 20MG	2	MO	ZOLINZA	4	MO
SOMATULINE DEPOT	4	MO			
SPRYCEL TABS 100MG, 50MG, 70MG	4	QL(180 per 90 days) MO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
SPRYCEL TABS 20MG	4	QL(360 per 90 days) MO	ANTICONVULSANTS		
SUTENT	4	PA QL(90 per 90 days) MO	BANZEL	2	MO
TABLOID	2	MO	<i>carbamazepine chew</i>	1	MO
<i>tacrolimus</i>	1	PA MO	<i>carbamazepine susp</i>	1	
<i>tamoxifen citrate</i>	1	MO	<i>carbamazepine tabs</i>	1	MO
TARCEVA TABS 100MG, 150MG	4	PA QL(90 per 90 days) MO	<i>carbamazepine er</i>	1	MO
			CARBATROL	2	MO
			CELONTIN	2	MO
			DILANTIN INFATABS	2	MO
			<i>divalproex sodium cpsp</i>	1	MO
			<i>divalproex sodium tbec</i>	1	MO

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<i>divalproex sodium er</i>	1	MO	<i>carbidopa/levodopa odt</i>	1	MO
<i>epitol</i>	1	MO	<i>carbidopa/levodopa sr tbc 50mg; 200mg</i>	1	MO
EQUETRO	2	MO	COMTAN	2	MO
<i>ethosuximide</i>	1	MO	LODOSYN	2	MO
FELBATOL	2	MO	MIRAPEX ER	2	MO
<i>gabapentin</i>	1	MO	<i>pramipexole dihydrochloride</i>	1	
GABITRIL	2	MO	REQUIP XL	2	MO
KEPPRA INJ	2		<i>ropinirole</i>	1	MO
LAMICTAL ODT TBDP	2	MO	<i>selegiline</i>	1	MO
LAMICTAL XR	2	MO	STALEVO 100	2	MO
<i>lamotrigine</i>	1	MO	STALEVO 125	2	MO
<i>levetiracetam oral soln</i>	1	MO	STALEVO 150	2	MO
<i>levetiracetam tabs</i>	1	MO	STALEVO 200	2	MO
LYRICA CAPS 225MG, 300MG	2	QL(180 per 90 days)	STALEVO 50	2	MO
		MO	STALEVO 75	2	MO
LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	2	QL(270 per 90 days)	<i>trihexyphenidyl</i>	1	MO
		MO	ZELAPAR	2	MO
NEURONTIN ORAL SOLN	2	MO	MIGRAINE / CLUSTER HEADACHE THERAPY		
<i>oxcarbazepine</i>	1	MO	<i>dihydroergotamine mesylate</i>	1	MO
PEGANONE	2	MO	<i>ergotamine tartrate / caffeine</i>	1	MO
<i>phenytoin</i>	1	MO	MAXALT	2	QL(36 per 90 days)
PHENYTOIN SODIUM	2				MO
<i>phenytoin sodium extended</i>	1	MO	MAXALT-MLT	2	QL(36 per 90 days)
<i>primidone</i>	1	MO			MO
SABRIL	2	MO	<i>migergot</i>	1	MO
TEGRETOL-XR TB12 100MG	2	MO	MIGRANAL	3	QL(24 per 90 days)
<i>topiramate</i>	1	MO			MO
<i>valproate sodium</i>	1	MO	<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL(12 per 90 days)
<i>valproic acid</i>	1	MO			MO
VIMPAT INJ	2		<i>sumatriptan succinate tabs 100mg</i>	1	QL(27 per 90 days)
VIMPAT ORAL SOLN	2	MO			MO
VIMPAT TABS	2	MO	<i>sumatriptan succinate tabs 25mg, 50mg</i>	1	QL(54 per 90 days)
<i>zonisamide</i>	1	MO			MO
ANTIPARKINSONISM AGENTS			MISCELLANEOUS NEUROLOGICAL THERAPY		
APOKYN	2	LA MO			
AZILECT	2	MO			
<i>benztropine mesylate inj</i>	1				
<i>benztropine mesylate tabs</i>	1	MO			
<i>bromocriptine mesylate</i>	1	MO			
<i>carbidopa / levodopa</i>	1	MO			
<i>carbidopa/levodopa cr</i>	1	MO			

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ARICEPT TABS 10MG, 5MG	2	QL(90 per 90 days) MO	<i>orphenadrine /asa /caffeine</i>	1	MO
ARICEPT ODT	2	QL(90 per 90 days) MO	<i>orphenadrine citrate</i>	1	MO
COPAXONE	4	PA QL(90 per 90 days) MO	<i>orphenadrine citrate er</i>	1	MO
EXELON CAPS	2	QL(180 per 90 days) MO	<i>orphenadrine compound ds</i>	1	MO
EXELON ORAL SOLN	2	MO	<i>pyridostigmine bromide</i>	1	MO
EXELON PT24	2	QL(90 per 90 days) MO	<i>regonol</i>	1	
<i>galantamine hydrobromide cp24</i>	1	QL(90 per 90 days) MO	<i>tizanidine hcl</i>	1	MO
<i>galantamine hydrobromide oral soln</i>	1	MO	NARCOTIC ANALGESICS		
<i>galantamine hydrobromide tabs</i>	1	QL(180 per 90 days) MO	<i>acetaminophen / codeine oral soln</i>	1	MO
MYTELASE	2	MO	<i>acetaminophen / codeine tabs 300mg; 15mg</i>	1	MO
NAMENDA ORAL SOLN	2	MO	<i>acetaminophen/codeine #3</i>	1	MO
NAMENDA TABS 10MG	2	QL(180 per 90 days) MO	<i>acetaminophen/codeine #4</i>	1	MO
NAMENDA TABS 5MG	2	QL(270 per 90 days) MO	<i>ascomp/codeine</i>	1	
NAMENDA TITRATION PAK	2	MO	BUPRENEX	2	MO
XENAZINE	4	LA MO	<i>buprenorphine hcl inj</i>	1	
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY			<i>buprenorphine hcl subl</i>	1	MO
<i>baclofen</i>	1	MO	<i>codeine sulfate tabs 30mg, 60mg</i>	1	MO
<i>carisoprodol</i>	1	MO	DILAUDID INJ	2	MO
<i>carisoprodol /aspirin</i>	1	MO	DILAUDID-5	2	MO
<i>chlorzoxazone</i>	1	MO	DILAUDID-HP INJ 10MG/ML	2	
<i>cyclobenzaprine hcl</i>	1	MO	<i>duramorph</i>	1	MO
<i>dantrolene sodium</i>	1	MO	EMBEDA CPCR 20MG; 0.8MG, 30MG; 1.2MG, 50MG; 2MG	3	MO
MESTINON SYRP	2	MO	<i>endocet</i>	1	MO
MESTINON TIMESPAN	2	MO	<i>fentanyl citrate</i>	1	
<i>metaxalone</i>	1		<i>fentanyl citrate oral transmucosal</i>	1	PA QL(360 per 90 days) MO
<i>methocarbamol</i>	1	MO	<i>fentanyl patches</i>	1	MO
			<i>hydrocodone / acetaminophen</i>	1	MO
			<i>hydrocodone / ibuprofen</i>	1	MO
			<i>hydrocodone /acetaminophen-hs</i>	1	MO
			<i>hydrocodone</i>	1	MO
			<i>bitartrate/acetaminophen</i>		
			<i>hydromorphone hcl inj 10mg/ml</i>	1	MO
			<i>hydromorphone hcl tabs</i>	1	MO
			INFUMORPH 200	2	MO
			INFUMORPH 500	2	MO
			KADIAN	2	MO
			<i>levorphanol tartrate</i>	1	MO
			<i>margestic-h</i>	1	MO

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<i>meperidine hcl inj 10mg/ml, 50mg/ml</i>	1		CELEBREX	2	QL(180 per 90 days)
<i>meperidine hcl inj 25mg/ml, 75mg/ml</i>	1	MO	<i>depade</i>	1	MO
<i>meperidine hcl oral soln</i>	1	MO	<i>diclofenac potassium</i>	1	MO
<i>methadone hcl conc</i>	1	MO	<i>diclofenac sodium</i>	1	MO
<i>methadone hcl inj</i>	1		<i>diclofenac sodium ec</i>	1	MO
<i>methadone hcl tabs</i>	1	MO	<i>diclofenac sodium xr</i>	1	MO
METHADONE HCL ORAL SOLN	2	MO	<i>diflunisal</i>	1	MO
<i>methadose tabs 10mg</i>	1		<i>etodolac</i>	1	MO
<i>methadose tabs 5mg</i>	1	MO	<i>fenoprofen calcium</i>	1	MO
<i>morphine sulfate inj 0.5mg/ml, 5mg/ml</i>	1		FLECTOR	3	MO
<i>morphine sulfate inj 1mg/ml</i>	1	MO	<i>flurbiprofen</i>	1	MO
<i>morphine sulfate oral soln</i>	1	MO	<i>ibuprofen susp</i>	1	MO
<i>morphine sulfate tabs</i>	1	MO	<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	MO
<i>morphine sulfate er</i>	1	MO	<i>indomethacin caps</i>	1	MO
ONSOLIS	2		<i>indomethacin er</i>	1	MO
OPANA ER	2	MO	<i>ketoprofen</i>	1	MO
<i>oxycodone /acetaminophen caps</i>	1	MO	<i>ketoprofen er</i>	1	MO
<i>oxycodone /acetaminophen tabs 325mg; 5mg</i>	1		<i>meclofenamate sodium</i>	1	MO
<i>oxycodone /acetaminophen tabs 325mg; 2.5mg, 650mg; 10mg</i>	1	MO	<i>meloxicam</i>	1	MO
<i>oxycodone /apap tabs 500mg; 7.5mg</i>	1	MO	<i>nabumetone</i>	1	MO
<i>oxycodone /aspirin</i>	1	MO	<i>naloxone</i>	1	
<i>oxycodone hcl tabs 15mg, 30mg, 5mg</i>	1	MO	<i>naltrexone</i>	1	MO
<i>oxycodone-apap</i>	1	MO	<i>naproxen susp</i>	1	MO
OXYCONTIN	2	MO	<i>naproxen tabs 250mg, 375mg</i>	1	MO
<i>reprexain tabs 10mg; 200mg</i>	1	MO	<i>naproxen tbec</i>	1	MO
<i>roxicet tabs 325mg; 5mg</i>	1	MO	<i>naproxen sodium tabs 275mg, 550mg</i>	1	MO
ROXICET ORAL SOLN	2	MO	<i>oxaprozin</i>	1	MO
<i>stagesic</i>	1	MO	<i>piroxicam</i>	1	MO
<i>zerlor</i>	1	MO	SUBOXONE	2	MO
NON-NARCOTIC ANALGESICS			<i>sulindac</i>	1	MO
ARTHROTEC 50	3	MO	<i>tolmetin sodium</i>	1	MO
ARTHROTEC 75	3	MO	<i>tramadol</i>	1	MO
<i>butorphanol tartrate nasal soln</i>	1	PA QL(30 per 90 days) MO	<i>tramadol hcl er</i>	1	MO
			VOLTAREN GEL	2	MO
			PROPOXYPHENE		
			<i>balacet 325</i>	1	MO
			<i>propoxyphene /acetaminophen</i>	1	MO
			<i>propoxyphene hcl</i>	1	MO
			<i>propoxyphene-n /acetaminophen</i>	1	MO

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PSYCHOTHERAPEUTIC DRUGS			<i>citalopram tabs 10mg</i>	1	QL(180 per 90 days) MO
ABILIFY INJ	3	ST	<i>citalopram tabs 20mg</i>	1	QL(270 per 90 days) MO
ABILIFY ORAL SOLN	3	ST MO	<i>clomipramine</i>	1	MO
ABILIFY TABS 20MG, 2MG, 30MG, 5MG	3	QL(90 per 90 days) ST MO	<i>clozapine tabs 100mg, 25mg, 50mg</i>	1	
ABILIFY TABS 15MG	3	QL(180 per 90 days) ST MO	CLOZAPINE TABS 200MG	2	
ABILIFY TABS 10MG	3	QL(270 per 90 days) ST MO	CYMBALTA CPEP 60MG	2	QL(90 per 90 days) MO
ABILIFY DISCMELT TBDP 15MG	3	QL(180 per 90 days) ST MO	CYMBALTA CPEP 20MG, 30MG	2	QL(180 per 90 days) MO
ABILIFY DISCMELT TBDP 10MG	3	QL(270 per 90 days) ST MO	<i>desipramine</i>	1	MO
<i>amitriptyline</i>	1	MO	<i>dexmethylphenidate</i>	1	PA MO
<i>amoxapine</i>	1	MO	<i>dextroamphetamine sulfate</i>	1	PA MO
<i>amphetamine</i>	1	PA MO	<i>dextroamphetamine sulfate er</i>	1	PA MO
<i>/dextroamphetamine tabs</i>			<i>doxepin caps 100mg, 10mg, 25mg, 50mg, 75mg</i>	1	MO
<i>budeprion sr</i>	1	QL(180 per 90 days) MO	<i>doxepin conc</i>	1	MO
<i>budeprion xl tb24 300mg</i>	1	QL(90 per 90 days) MO	EMSAM	3	QL(90 per 90 days) MO
<i>budeprion xl tb24 150mg</i>	1	QL(270 per 90 days) MO	FANAPT TABS 1MG, 2MG, 4MG	3	QL(90 per 90 days) MO
<i>bupropion hcl</i>	1	MO	FANAPT TABS 10MG, 12MG, 6MG, 8MG	3	QL(180 per 90 days) MO
<i>bupropion hcl sr tb12 100mg, 200mg</i>	1	QL(180 per 90 days) MO	FANAPT TITRATION PACK	3	MO
<i>bupropion hcl sr tb12 150mg</i>	1	PA QL(180 per 90 days) MO	FAZACLO TBDP 100MG, 12.5MG, 25MG	3	
<i>bupirone hcl</i>	1	MO	<i>fluoxetine caps 40mg</i>	1	QL(180 per 90 days) MO
<i>chlordiazepoxide /amitriptyline</i>	1	MO	<i>fluoxetine caps 20mg</i>	1	QL(360 per 90 days) MO
<i>chlorpromazine</i>	1	MO	<i>fluoxetine caps 10mg</i>	1	QL(720 per 90 days) MO
<i>citalopram oral soln</i>	1	MO	<i>fluoxetine oral soln</i>	1	MO
<i>citalopram tabs 40mg</i>	1	QL(90 per 90 days) MO			

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<i>fluoxetine tabs 20mg</i>	1	QL(360 per 90 days) MO	<i>maprotiline</i>	1	MO
<i>fluoxetine tabs 10mg</i>	1	QL(720 per 90 days) MO	MARPLAN	2	MO
<i>fluoxetine dr</i>	1	QL(12 per 90 days) MO	METADATE CD	3	PA MO
<i>fluphenazine conc</i>	1		<i>metadate er</i>	1	PA MO
<i>fluphenazine elix</i>	1	MO	<i>methamphetamine hcl</i>	1	PA MO
<i>fluphenazine inj</i>	1	MO	<i>methylin tabs</i>	1	PA MO
<i>fluphenazine tabs</i>	1	MO	METHYLIN CHEW	3	PA MO
<i>fluphenazine decanoate inj</i>	1	MO	METHYLIN ORAL SOLN	3	PA MO
<i>fluvoxamine</i>	1	QL(270 per 90 days) MO	<i>methylin er</i>	1	PA MO
FOCALIN XR CP24 10MG, 15MG, 20MG, 5MG	2	PA MO	<i>methylphenidate hcl</i>	1	PA
GEODON CAPS	2	QL(180 per 90 days) MO	<i>methylphenidate hcl sr</i>	1	PA
GEODON INJ	2	MO	<i>mirtazapine</i>	1	QL(90 per 90 days) MO
HALDOL	2	MO	<i>mirtazapine odt tbdp 30mg, 45mg</i>	1	QL(90 per 90 days) MO
HALDOL DECANOATE 100	2	MO	NARDIL	2	MO
HALDOL DECANOATE 50	2	MO	NAVANE CAPS 20MG	2	MO
<i>haloperidol</i>	1	MO	<i>nefazodone</i>	1	QL(180 per 90 days) MO
<i>haloperidol decanoate inj</i>	1	MO	<i>nortriptyline</i>	1	MO
<i>haloperidol lactate inj</i>	1	MO	ORAP	2	MO
<i>imipramine</i>	1	MO	<i>paroxetine susp</i>	1	MO
<i>imipramine pamoate</i>	1	MO	<i>paroxetine tabs 20mg, 40mg</i>	1	QL(90 per 90 days) MO
INVEGA TB24 1.5MG, 3MG, 9MG	2	QL(90 per 90 days) MO	<i>paroxetine tabs 10mg, 30mg</i>	1	QL(180 per 90 days) MO
INVEGA TB24 6MG	2	QL(180 per 90 days) MO	<i>paroxetine er tb24 12.5mg</i>	1	QL(180 per 90 days) MO
INVEGA SUSTENNA	2	MO	<i>paroxetine er tb24 25mg</i>	1	QL(270 per 90 days) MO
LEXAPRO ORAL SOLN	2	MO	PAXIL SUSP	2	MO
LEXAPRO TABS	2	QL(90 per 90 days) MO	<i>perphenazine</i>	1	MO
<i>lithium carbonate</i>	1	MO	PRISTIQ	2	QL(90 per 90 days) MO
<i>lithium carbonate er</i>	1	MO	<i>protriptyline hcl</i>	1	MO
<i>lithium citrate</i>	1	MO	PROVIGIL	2	PA QL(90 per 90 days) MO
<i>loxapine</i>	1	MO			

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
RISPERDAL CONSTA	2	MO	<i>zaleplon</i>	1	MO
<i>risperidone oral soln</i>	1	MO	<i>zolpidem</i>	1	MO
<i>risperidone tabs</i>	1	QL(180 per 90 days) MO	ZYPREXA INJ	2	MO
<i>risperidone odt</i>	1	QL(180 per 90 days) MO	ZYPREXA TABS	2	QL(90 per 90 days) MO
RITALIN LA	3	PA MO	ZYPREXA ZYDIS	2	QL(90 per 90 days) MO
ROZEREM	3	MO	CARDIOVASCULAR, HYPERTENSION / LIPIDS		
SAPHRIS	3	QL(180 per 90 days) MO	ANTIARRHYTHMIC AGENTS		
SEROQUEL TABS 25MG, 300MG, 400MG	2	QL(180 per 90 days) MO	<i>amiodarone inj</i>	1	
SEROQUEL TABS 100MG, 200MG, 50MG	2	QL(270 per 90 days) MO	<i>amiodarone tabs</i>	1	MO
SEROQUEL XR TB24 150MG, 300MG, 400MG	2	QL(180 per 90 days) MO	<i>disopyramide phosphate</i>	1	MO
SEROQUEL XR TB24 200MG, 50MG	2	QL(270 per 90 days) MO	<i>flecainide acetate</i>	1	MO
<i>sertraline conc</i>	1	MO	<i>mexiletine</i>	1	MO
<i>sertraline tabs 100mg, 25mg</i>	1	QL(180 per 90 days) MO	MULTAQ	2	MO
<i>sertraline tabs 50mg</i>	1	QL(270 per 90 days) MO	NORPACE CR CP12 100MG	2	MO
STRATTERA	2	MO	PACERONE TABS 100MG, 400MG	2	MO
SURMONTIL	3	MO	<i>pacerone tabs 200mg</i>	1	MO
SYMBYAX	3	QL(90 per 90 days) MO	<i>procainamide</i>	1	
<i>thioridazine</i>	1	MO	<i>propafenone hcl</i>	1	MO
<i>thiothixene</i>	1	MO	<i>quinidine gluconate cr</i>	1	MO
<i>tranylcypromine</i>	1	MO	<i>quinidine sulfate</i>	1	MO
<i>trazodone</i>	1	MO	<i>quinidine sulfate er</i>	1	MO
<i>trifluoperazine</i>	1	MO	<i>sorine</i>	1	MO
<i>venlafaxine hcl</i>	1	QL(270 per 90 days) MO	<i>sotalol</i>	1	MO
XYREM	4	PA	TIKOSYN	3	MO
			ANTIHYPERTENSIVE THERAPY		
			<i>acebutolol</i>	1	MO
			<i>afeditab cr</i>	1	MO
			<i>amiloride</i>	1	MO
			<i>amiloride / hydrochlorothiazide</i>	1	MO
			<i>amlodipine / benazepril</i>	1	QL(90 per 90 days) MO
			<i>amlodipine besylate</i>	1	MO
			<i>atenolol</i>	1	MO
			<i>atenolol / chlorthalidone</i>	1	MO
			<i>benazepril</i>	1	MO

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<i>benazepril / hydrochlorothiazide tabs 20mg; 12.5mg, 20mg; 25mg</i>	1	QL(360 per 90 days) MO	<i>diltiazem hcl er tb24</i>	1	
<i>benazepril / hydrochlorothiazide tabs 10mg; 12.5mg</i>	1	QL(720 per 90 days) MO	<i>diltzac</i>	1	MO
<i>benazepril / hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	QL(1440 per 90 days) MO	DIOVAN TABS 320MG	2	QL(90 per 90 days) MO
<i>betaxolol hcl tabs</i>	1		DIOVAN TABS 160MG, 40MG, 80MG	2	QL(180 per 90 days) MO
BIDIL	2	QL(540 per 90 days) MO	DIOVAN HCT	2	QL(90 per 90 days) MO
<i>bisoprolol fumarate</i>	1	MO	<i>doxazosin</i>	1	QL(180 per 90 days) MO
<i>bisoprolol fumarate / hydrochlorothiazide</i>	1	MO	EDECRIIN	2	MO
<i>bumetanide</i>	1	MO	<i>enalapril</i>	1	MO
BYSTOLIC	2	MO	<i>enalapril / hydrochlorothiazide tabs 5mg; 12.5mg</i>	1	QL(90 per 90 days) MO
<i>captopril</i>	1	MO	<i>enalapril / hydrochlorothiazide tabs 10mg; 25mg</i>	1	QL(180 per 90 days) MO
<i>captopril / hydrochlorothiazide tabs 25mg; 15mg, 25mg; 25mg, 50mg; 15mg</i>	1	QL(90 per 90 days) MO	<i>eplerenone</i>	1	MO
<i>captopril / hydrochlorothiazide tabs 50mg; 25mg</i>	1	QL(270 per 90 days) MO	EXFORGE	2	QL(90 per 90 days) MO
<i>cartia xt</i>	1	MO	EXFORGE HCT	2	QL(90 per 90 days) MO
<i>carvedilol</i>	1	MO	<i>felodipine er</i>	1	MO
<i>chlorothiazide</i>	1	MO	<i>fosinopril</i>	1	MO
<i>chlorothiazide sodium</i>	1	MO	<i>fosinopril / hydrochlorothiazide tabs 10mg; 12.5mg</i>	1	QL(90 per 90 days) MO
<i>chlorthalidone tabs 25mg, 50mg</i>	1	MO	<i>fosinopril / hydrochlorothiazide tabs 20mg; 12.5mg</i>	1	QL(360 per 90 days) MO
<i>clonidine ptwk</i>	1		<i>furosemide inj</i>	1	MO
<i>clonidine tabs</i>	1	MO	<i>furosemide oral soln 10mg/ml</i>	1	MO
COREG CR	2	MO	<i>furosemide tabs</i>	1	MO
DEMSER	2	MO	FUROSEMIDE ORAL SOLN 8MG/ML	2	MO
DIBENZYLINE	3	MO	<i>guanfacine hcl</i>	1	MO
<i>dilt-cd cp24 120mg, 300mg</i>	1	MO	<i>hydralazine</i>	1	MO
<i>dilt-xr cp24 180mg, 240mg</i>	1		<i>hydrochlorothiazide</i>	1	MO
<i>diltiazem cd cp24 120mg, 240mg, 300mg</i>	1	MO	<i>indapamide</i>	1	MO
<i>diltiazem hcl cp24 360mg</i>	1	MO			
<i>diltiazem hcl inj 25mg/5ml</i>	1				
<i>diltiazem hcl tabs</i>	1	MO			
DILTIAZEM HCL INJ 100MG	2				
<i>diltiazem hcl er cp12</i>	1	MO			
<i>diltiazem hcl er cp24 420mg</i>	1	MO			

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<i>isradipine</i>	1	MO	<i>nicardipine caps</i>	1	MO
<i>labetalol inj</i>	1		<i>nifediac cc</i>	1	MO
<i>labetalol tabs</i>	1	MO	<i>nifedical xl</i>	1	MO
<i>lisinopril tabs 5mg</i>	1		<i>nifedipine</i>	1	MO
<i>lisinopril tabs 10mg, 2.5mg, 20mg, 30mg, 40mg</i>	1	MO	<i>nifedipine er tb24 30mg, 60mg</i>	1	
<i>lisinopril / hydrochlorothiazide tabs 12.5mg; 10mg, 12.5mg; 20mg</i>	1	QL(90 per 90 days) MO	<i>nifedipine er tb24 90mg</i>	1	MO
<i>lisinopril / hydrochlorothiazide tabs 25mg; 20mg</i>	1	QL(360 per 90 days) MO	<i>nimodipine</i>	4	MO
<i>losartan potassium tabs 100mg</i>	1	QL(90 per 90 days) MO	<i>nisoldipine tb24 20mg, 30mg, 40mg</i>	1	MO
<i>losartan potassium tabs 25mg, 50mg</i>	1	QL(180 per 90 days) MO	<i>perindopril erbumine</i>	1	MO
<i>losartan potassium/hydrochlorothiazide</i>	1	QL(90 per 90 days) MO	<i>pindolol</i>	1	MO
LOTREL CAPS 10MG; 40MG, 5MG; 40MG	2	QL(90 per 90 days) MO	<i>prazosin</i>	1	QL(360 per 90 days) MO
<i>methyclothiazide</i>	1	MO	<i>propranolol /hydrochlorothiazide</i>	1	MO
<i>metolazone</i>	1	MO	<i>propranolol hcl inj</i>	1	
<i>metoprolol / hydrochlorothiazide</i>	1	MO	<i>propranolol hcl oral soln</i>	1	MO
<i>metoprolol succinate er</i>	1		<i>propranolol hcl tabs</i>	1	MO
<i>metoprolol tartrate inj</i>	1		<i>propranolol hcl er</i>	1	MO
<i>metoprolol tartrate tabs</i>	1	MO	<i>quinapril</i>	1	MO
MICARDIS	2	QL(90 per 90 days) MO	<i>quinapril / hydrochlorothiazide</i>	1	QL(90 per 90 days) MO
MICARDIS HCT	2	QL(90 per 90 days) MO	<i>ramipril</i>	1	MO
<i>minoxidil tabs</i>	1	MO	<i>reserpine</i>	1	MO
<i>moexipril</i>	1	MO	SODIUM EDECIN	2	
<i>moexipril / hydrochlorothiazide tabs 12.5mg; 15mg, 12.5mg; 7.5mg</i>	1	QL(90 per 90 days) MO	<i>spironolactone</i>	1	MO
<i>moexipril / hydrochlorothiazide tabs 25mg; 15mg</i>	1	QL(180 per 90 days) MO	<i>spironolactone / hydrochlorothiazide</i>	1	MO
<i>nadolol tabs 20mg, 40mg, 80mg</i>	1	MO	SULAR	2	MO
<i>nadolol / bendroflumethiazide</i>	1	MO	<i>taztia xt</i>	1	MO
			TEKTURNA	2	QL(90 per 90 days) MO
			TEKTURNA HCT	2	QL(90 per 90 days) MO
			<i>terazosin hcl</i>	1	QL(180 per 90 days) MO
			<i>timolol maleate</i>	1	MO
			<i>torseamide tabs</i>	1	MO
			<i>trandolapril</i>	1	MO
			<i>trandolapril/verapamil hcl tbc</i>	1	QL(90 per 90 days) 2mg; 180mg, 2mg; 240mg

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<i>trandolapril/verapamil hcl tbc</i>	1	QL(180 per 90 days)	LOVENOX INJ 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML, 60MG/0.6ML, 80MG/0.8ML	4	MO
<i>4mg; 240mg</i>			<i>pentopak</i>	1	MO
<i>triamterene / hydrochlorothiazide</i>	1	MO	<i>pentoxifylline er</i>	1	MO
TWYNSTA	2	QL(90 per 90 days)	PLAVIX	2	MO
		MO	PROMACTA TABS 50MG	4	LA PA
VALTURNA	2	QL(90 per 90 days)			QL(90 per 90 days)
		MO	PROMACTA TABS 25MG	4	LA PA
<i>verapamil inj</i>	1				QL(270 per 90 days)
<i>verapamil tabs</i>	1	MO			MO
<i>verapamil er</i>	1	MO	<i>ticlopidine hcl</i>	1	MO
CARDIAC GLYCOSIDES			<i>warfarin</i>	1	MO
<i>digoxin inj</i>	1		LIPID/CHOLESTEROL LOWERING AGENTS		
<i>digoxin oral soln</i>	1	MO	CADUET	2	QL(90 per 90 days)
<i>digoxin tabs</i>	1	MO			MO
LANOXIN INJ	2		<i>cholestyramine light pack</i>	1	MO
LANOXIN TABS	2	MO	COLESTID GRAN	2	MO
COAGULATION THERAPY			<i>colestipol</i>	1	MO
<i>AGGRENOX</i>	2	MO	CRESTOR	2	QL(90 per 90 days)
ARIXTRA INJ 2.5MG/0.5ML	2	MO			MO
ARIXTRA INJ 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	4	MO	<i>fenofibrate</i>	1	MO
<i>cilostazol</i>	1	MO	<i>fenofibrate micronized</i>	1	MO
CYKLOKAPRON	2	MO	<i>gemfibrozil</i>	1	MO
<i>dipyridamole tabs</i>	1	MO	LIPITOR	2	QL(90 per 90 days)
EFFIENT	2	MO			MO
FRAGMIN	2	MO	<i>lovastatin tabs 10mg</i>	1	QL(90 per 90 days)
HEPARIN SODIUM INJ 2500UNIT/ML	2				MO
HEPARIN SODIUM INJ 2000UNIT/ML	2	MO	<i>lovastatin tabs 20mg, 40mg</i>	1	QL(180 per 90 days)
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 5000unit/ml</i>	1	MO			MO
<i>heparin sodium dcu</i>	1	MO	LOVAZA	2	MO
<i>heparin sodium/d5w inj 5%; 40unit/ml</i>	1		NIASPAN	2	MO
HEPARIN SODIUM/NACL 0.45%	2		<i>pravastatin tabs 10mg, 20mg, 80mg</i>	1	QL(90 per 90 days)
<i>heparin sodium/sodium chloride 0.9% premix</i>	1				MO
<i>jantoven</i>	1	MO			
LOVENOX INJ 30MG/0.3ML, 40MG/0.4ML	2	MO			

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<i>pravastatin tabs 40mg</i>	1	QL(180 per 90 days) MO	8-MOP	2	MO
<i>prevalite powd</i>	1	MO	<i>ammonium lactate</i>	1	MO
SIMCOR TB24 1000MG; 20MG, 500MG; 20MG, 750MG; 20MG	2	QL(180 per 90 days) MO	CARAC	2	MO
<i>simvastatin</i>	1	QL(90 per 90 days) MO	CARMOL-HC	2	MO
TRICOR	2	MO	CONDYLOX GEL	2	MO
TRILIPIX	2	MO	ELIDEL	3	MO
ZETIA	2	QL(90 per 90 days) MO	FLUOROPLEX	2	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS			<i>fluorouracil</i>	1	MO
RANEXA	2	MO	<i>imiquimod</i>	1	MO
NITRATES			<i>laclotion</i>	1	
<i>isosorbide dinitrate</i>	1	MO	OXSORALEN ULTRA	4	MO
<i>isosorbide dinitrate er</i>	1	MO	PANRETIN	2	MO
<i>isosorbide mononitrate</i>	1	MO	<i>podofilox</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO	PROTOPIC	3	MO
<i>nitro-bid</i>	1	MO	REGRANEX	2	PA MO
<i>nitroglycerin inj</i>	1	PA	SOLARAZE	2	MO
<i>nitroglycerin pt24 0.2mg/hr, 0.6mg/hr</i>	1		VEREGEN	3	MO
<i>nitroglycerin pt24 0.4mg/hr</i>	1	MO	ZONALON	2	MO
<i>nitroglycerin transdermal pt24 0.1mg/hr</i>	1	MO	THERAPY FOR ACNE		
NITROLINGUAL PUMPSPRAY	2	MO	<i>amnestem</i>	1	
NITROSTAT	2	MO	<i>avita crea</i>	1	MO
DERMATOLOGICALS/TOPICAL THERAPY			AZELEX	2	MO
ANTIPSORIATIC / ANTISEBORRHEIC			<i>claravis</i>	1	
<i>calcipotriene</i>	1	MO	<i>clindamycin phosphate external soln</i>	1	MO
<i>selenium sulfide lotn 2.5%</i>	1	MO	<i>clindamycin phosphate foam</i>	1	MO
SORIATANE CAPS 17.5MG, 22.5MG	2	MO	<i>clindamycin phosphate gel</i>	1	MO
BURN THERAPY			<i>clindamycin phosphate lotn</i>	1	MO
<i>silver sulfadiazine</i>	1	MO	<i>clindamycin phosphate swab</i>	1	MO
<i>ssd</i>	1	MO	<i>clindamycin/benzoyl peroxide ery</i>	1	MO
<i>thermazene</i>	1	MO	<i>erythromycin external soln</i>	1	MO
MISCELLANEOUS DERMATOLOGICALS			<i>erythromycin gel</i>	1	MO
			<i>erythromycin / benzoyl peroxide</i>	1	MO
			FINACEA	2	MO
			METROGEL	2	MO
			<i>metronidazole</i>	1	MO
			<i>sotret</i>	1	
			<i>tretinoin</i>	1	MO
			TOPICAL ANESTHETICS		
			<i>lidocaine external soln</i>	1	MO
			<i>lidocaine gel</i>	1	MO

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<i>lidocaine inj 0.5%, 1%</i>	1		<i>amcinonide oint</i>	1	
<i>lidocaine oint</i>	1	MO	<i>augmented betamethasone dipropionate</i>	1	MO
<i>lidocaine / prilocaine crea</i>	1	MO	<i>beta-val crea</i>	1	MO
<i>lidocaine viscous</i>	1	MO	<i>betamethasone dipropionate crea</i>	1	MO
LIDODERM	3	PA MO	<i>betamethasone dipropionate oint</i>	1	MO
TOPICAL ANTIBACTERIALS			<i>betamethasone valerate crea</i>	1	MO
ALTABAX	2	MO	<i>betamethasone valerate lotn</i>	1	
BACTROBAN CREA	2	MO	<i>betamethasone valerate oint</i>	1	MO
<i>gentamicin sulfate crea</i>	1	MO	CAPEX	2	MO
<i>gentamicin sulfate oint</i>	1	MO	<i>clobetasol propionate external soln</i>	1	
<i>mupirocin</i>	1	MO	<i>clobetasol propionate foam</i>	1	MO
PHISOHEX	2	MO	<i>clobetasol propionate gel</i>	1	MO
<i>sodium sulfacetamide</i>	1	MO	<i>clobetasol propionate oint</i>	1	MO
SULFAMYLON	2	MO	<i>clobetasol propionate e</i>	1	MO
TOPICAL ANTIFUNGALS			CLOBEX LOTN	2	MO
<i>ciclopirox</i>	1	MO	CLOBEX SHAM	2	MO
<i>ciclopirox nail lacquer</i>	1	MO	CORDRAN TAPE	2	MO
<i>ciclopirox olamine</i>	1	MO	DERMA-SMOOTHIE / FS BODY OIL	2	MO
<i>clotrimazole external crea</i>	1	MO	<i>desonide</i>	1	MO
<i>clotrimazole external soln</i>	1	MO	<i>desoximetasone</i>	1	MO
<i>clotrimazole / betamethasone</i>	1	MO	<i>diflorasone diacetate</i>	1	MO
<i>econazole nitrate</i>	1	MO	<i>fluocinolone acetonide</i>	1	MO
<i>ketoconazole</i>	1	MO	<i>fluocinonide external soln</i>	1	MO
<i>kuric</i>	1	MO	<i>fluocinonide gel</i>	1	MO
NAFTIN	2	MO	<i>fluocinonide oint</i>	1	MO
<i>nyamyc</i>	1	MO	<i>fluocinonide emollient base</i>	1	
<i>nystatin crea</i>	1	MO	<i>fluticasone propionate</i>	1	MO
<i>nystatin external powd</i>	1	MO	<i>halobetasol propionate</i>	1	MO
<i>nystatin oint</i>	1	MO	<i>hydrocortisone crea 1%, 2.5%</i>	1	MO
<i>nystatin / triamcinolone</i>	1	MO	<i>hydrocortisone lotn</i>	1	MO
<i>nystop</i>	1	MO	<i>hydrocortisone oint 1%, 2.5%</i>	1	MO
<i>pedi-dri</i>	1	MO	<i>hydrocortisone butyrate</i>	1	MO
XOLEGEL	2	MO	<i>hydrocortisone valerate</i>	1	MO
TOPICAL ANTIVIRALS			LOCOID LOTN	2	MO
DENAVIR	2	MO	LUXIQ	2	MO
ZOVIRAX CREA	3	MO	<i>mometasone furoate</i>	1	MO
ZOVIRAX OINT	3	MO	PANDEL	2	MO
TOPICAL CORTICOSTEROIDS			<i>prednicarbate</i>	1	MO
<i>ala cort</i>	1	MO	<i>triamcinolone acetonide crea</i>	1	MO
<i>alclometasone dipropionate</i>	1	MO	<i>triamcinolone acetonide lotn</i>	1	MO
<i>amcinonide crea</i>	1	MO			
<i>amcinonide lotn</i>	1	MO			

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<i>triamcinolone acetonide oint</i>	1	MO	FOSRENOL CHEW 1000MG, 500MG, 750MG	2	MO
<i>triderm crea</i>	1	MO	INCRELEX	4	LA PA MO
TOPICAL ENZYMES			<i>kionex powd</i>	1	MO
SANTYL	2	MO	<i>levocarnitine oral soln</i>	1	MO
TOPICAL SCABICIDES / PEDICULICIDES			<i>levocarnitine tabs</i>	1	MO
<i>acticin</i>	1	MO	<i>midodrine</i>	1	MO
EURAX	2	MO	ORFADIN	4	LA MO
LINDANE	2	MO	<i>pilocarpine hcl tabs</i>	1	MO
<i>malathion</i>	1	MO	PROLASTIN INJ 500MG	4	LA
OVIDE	2	MO	RENAGEL	2	MO
<i>permethrin crea</i>	1	MO	RENVELA	2	MO
ULESFIA	3		RILUTEK	4	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS			SKELID	3	PA QL(180 per 90 days) MO
MISCELLANEOUS AGENTS			<i>sodium chloride inj 0.9%</i>	1	MO
ACTONEL TABS 30MG	3	PA MO	<i>sodium chloride 0.9%</i>	1	MO
ADAGEN	4	LA MO	<i>sodium polystyrene sulfonate powd</i>	1	MO
<i>alcohol 5%/dextrose 5%</i>	1		SYPRINE	2	MO
<i>alendronate sodium tabs 40mg</i>	1	PA MO	THIOLA	2	MO
<i>anagrelide hydrochloride</i>	1	MO	SMOKING DETERRENTS		
ANTABUSE TABS 250MG	2	MO	<i>buproban</i>	1	PA QL(180 per 90 days) MO
BUPHENYL	2	MO	CHANTIX TABS	2	PA QL(1 per 3 days) MO
CAMPRAL	2	QL(540 per 90 days) MO	CHANTIX TABS 0.5MG, 1MG	2	PA QL(168 per 90 days) MO
CHEMET	2	MO	NICOTROL INHALER	3	PA QL(504 per 90 days) MO
CLINIMIX / DEXTROSE	2		NICOTROL NASAL	3	PA QL(90 per 90 days) MO
DEXTROSE 10%/NACL 0.45%	2		EAR, NOSE / THROAT MEDICATIONS		
<i>dextrose 10% flex container</i>	1		MISCELLANEOUS AGENTS		
DEXTROSE 10%/NACL 0.2%	2		ASTELIN	2	MO
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1		ASTEPRO	2	MO
<i>dextrose 5%</i>	1	MO	<i>azelastine hcl nasal soln</i>	1	MO
<i>dextrose 5%/nacl 0.2%</i>	1		BACTROBAN NASAL	2	MO
<i>dextrose 5%/nacl 0.225%</i>	1				
DEXTROSE 5%/NACL 0.33%	2				
<i>dextrose 5%/nacl 0.45%</i>	1	MO			
<i>dextrose 5%/nacl 0.9%</i>	1	MO			
<i>etidronate disodium</i>	1	MO			
EVOXAC	3	MO			
EXJADE	4	LA MO			

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<i>chlorhexidine gluconate oral rinse</i>	1	MO	<i>methylprednisolone acetate</i>	1	PA MO
<i>ipratropium bromide nasal soln</i>	1	MO	<i>methylprednisolone</i>	1	PA
<i>periogard</i>	1	MO	<i>sodiumsuccinate inj 125mg, 40mg</i>	2	PA MO
<i>triamcinolone in orabase</i>	1	MO	METHYLPREDNISOLONE		
TYZINE	2	MO	SODIUMSUCCINATE INJ		
TYZINE PEDIATRIC NASAL DROPS	2		1000MG		
MISCELLANEOUS OTIC PREPARATIONS			<i>prednisolone syrp</i>	1	PA
<i>acetazol hc</i>	1	MO	<i>prednisolone sodium phosphate oral soln 15mg/5ml</i>	1	PA MO
<i>acetic acid</i>	1	MO	<i>prednisone</i>	1	PA MO
<i>acetic acid / hydrocortisone</i>	1	MO	PREDNISONE INTENSOL	2	PA MO
<i>borofair</i>	1	MO	SOLU-CORTEF INJ 100MG	2	
DERMOTIC	2	MO	SOLU-CORTEF INJ 250MG	2	MO
<i>ofloxacin</i>	1	MO	SOLU-MEDROL INJ 2GM, 40MG	2	PA
OTIC STEROID / ANTIBIOTIC			SOLU-MEDROL INJ 125MG	2	PA MO
CIPRO HC	3	MO	<i>solu-medrol inj 500mg</i>	1	PA
CIPRODEX	2	MO	ANTITHYROID AGENTS		
COLY-MYCIN S	2	MO	<i>methimazole</i>	1	MO
CORTISPORIN-TC	2	MO	<i>propylthiouracil</i>	1	MO
<i>cortomycin</i>	1	MO	DIABETES THERAPY		
<i>neomycin /polymyxin /hc</i>	1	MO	<i>acarbose</i>	1	QL(270 per 90 days) MO
<i>neomycin /polymyxin /hydrocortisone otic susp</i>	1	MO	ACTOPLUS MET	2	QL(270 per 90 days) MO
ENDOCRINE/DIABETES			ACTOS	2	QL(90 per 90 days) MO
ADRENAL HORMONES			ALCOHOL PREPS	2	
<i>a-hydrocort</i>	1	MO	AVANDAMET	2	QL(180 per 90 days) MO
<i>a-methapred</i>	1	PA MO	AVANDARYL TABS 2MG; 8MG, 4MG; 4MG, 4MG; 8MG	2	QL(90 per 90 days) MO
<i>cortisone acetate</i>	1	MO	AVANDARYL TABS 1MG; 4MG, 2MG; 4MG	2	QL(180 per 90 days) MO
DEPO-MEDROL	2	PA MO	AVANDIA TABS 8MG	2	QL(90 per 90 days) MO
DEXAMETHASONE TABS 1MG, 2MG	2	MO	AVANDIA TABS 2MG, 4MG	2	QL(180 per 90 days) MO
<i>dexamethasone elix</i>	1	MO			
<i>dexamethasone inj 4mg/ml</i>	1	MO			
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 4mg, 6mg</i>	1	MO			
DEXAMETHASONE INTENSOL	2	MO			
<i>fludrocortisone acetate</i>	1	MO			
<i>hydrocortisone tabs</i>	1	MO			
<i>methylprednisolone tabs 32mg</i>	1	PA			
<i>methylprednisolone tabs 16mg, 4mg, 8mg</i>	1	PA MO			

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	MO	<i>glyburide tabs 1.25mg, 2.5mg</i>	1	QL(180 per 90 days) MO
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2	MO	<i>glyburide tabs 5mg</i>	1	QL(360 per 90 days) MO
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	MO	<i>glyburide / metformin tabs 1.25mg; 250mg, 2.5mg; 500mg</i>	1	QL(180 per 90 days) MO
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	2	MO	<i>glyburide / metformin tabs 5mg; 500mg</i>	1	QL(360 per 90 days) MO
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	2	MO	<i>glyburide micronized tabs 1.5mg, 3mg</i>	1	QL(90 per 90 days) MO
BYETTA	3	QL(7.2 per 90 days) ST MO	<i>glyburide micronized tabs 6mg</i>	1	QL(180 per 90 days) MO
CURITY GAUZE PADS 2"X2"	2	MO	<i>glycron tabs 1.5mg, 3mg</i>	1	QL(180 per 90 days) MO
DUETACT	2	QL(90 per 90 days) MO	<i>GLYCRON TABS 4.5MG</i>	2	QL(360 per 90 days) MO
<i>glimepiride tabs 1mg, 2mg</i>	1	QL(90 per 90 days) MO	HUMALOG	2	MO
<i>glimepiride tabs 4mg</i>	1	QL(180 per 90 days) MO	HUMALOG MIX 50/50	2	MO
<i>glipizide tabs 10mg</i>	1	QL(360 per 90 days) MO	HUMALOG MIX 50/50 PEN	2	MO
<i>glipizide tabs 5mg</i>	1	QL(720 per 90 days) MO	HUMALOG MIX 75/25	2	MO
<i>glipizide / metformin</i>	1	QL(360 per 90 days) MO	HUMALOG MIX 75/25 PEN	2	MO
<i>glipizide er tb24 2.5mg</i>	1	QL(90 per 90 days) MO	HUMALOG PEN	2	MO
<i>glipizide xl tb24 5mg</i>	1	QL(90 per 90 days) MO	HUMULIN 70/30	2	MO
<i>glipizide xl tb24 10mg</i>	1	QL(180 per 90 days) MO	HUMULIN 70/30 PEN	2	MO
GLUCAGEN HYPOKIT	2	MO	HUMULIN N	2	MO
GLUCAGON EMERGENCY KIT	2	MO	HUMULIN N U-100 PEN	2	MO
			HUMULIN R	2	MO
			HUMULIN R U-500 (CONCENTRATED)	2	MO
			JANUMET	2	QL(180 per 90 days) MO
			JANUVIA	2	QL(90 per 90 days) MO
			LANTUS	2	MO
			LANTUS SOLOSTAR	2	MO
			<i>metformin hcl tabs 1000mg</i>	1	QL(180 per 90 days) MO

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<i>metformin hcl tabs 850mg</i>	1	QL(270 per 90 days) MO	MISCELLANEOUS HORMONES		
<i>metformin hcl tabs 500mg</i>	1	QL(360 per 90 days) MO	ALDURAZYME	4	LA PA MO
<i>metformin hcl er tb24 750mg</i>	1	QL(270 per 90 days) MO	ANADROL-50	3	PA MO
<i>metformin hcl er tb24 500mg</i>	1	QL(450 per 90 days) MO	ANDROGEL	2	PA MO
<i>nateglinide</i>	1	QL(270 per 90 days) MO	<i>cabergoline</i>	1	MO
NOVOLIN 70/30	2	MO	<i>calcitonin-salmon</i>	1	QL(12 per 90 days) MO
NOVOLIN 70/30 INNOLET	2	MO	<i>calcitriol caps</i>	1	MO
NOVOLIN N	2	MO	<i>calcitriol inj 1mcg/ml</i>	1	MO
NOVOLIN N INNOLET	2	MO	<i>calcitriol oral soln</i>	1	MO
NOVOLIN R	2	MO	CEREZYME INJ 200UNIT	4	LA PA MO
NOVOLOG	2	MO	<i>danazol</i>	1	MO
NOVOLOG FLEXPEN	2	MO	<i>desmopressin acetate</i>	1	MO
NOVOLOG MIX 70/30	2	MO	FABRAZYME INJ 35MG	4	LA PA MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	MO	<i>fortical</i>	1	QL(12 per 90 days) MO
ONGLYZA	2	QL(90 per 90 days) MO	HECTOROL	2	MO
PRANDIN TABS 0.5MG, 1MG	2	QL(360 per 90 days) MO	KUVAN	4	LA MO
PRANDIN TABS 2MG	2	QL(720 per 90 days) MO	NAGLAZYME	4	LA MO
PROGLYCEM	2	MO	<i>oxandrolone</i>	1	PA MO
RELION R	2	MO	SAMSCA TABS 30MG	4	QL(730 per 365 days) MO
SYMLIN	3	QL(60 per 90 days) MO	SAMSCA TABS 15MG	4	QL(1460 per 365 days) MO
SYMLINPEN 120	3	QL(33 per 90 days) MO	SENSIPAR TABS 60MG, 90MG	4	MO
SYMLINPEN 60	3	QL(33 per 90 days) MO	SENSIPAR TABS 30MG	2	MO
<i>tolazamide</i>	1	MO	SOMAVERT	2	PA QL(90 per 90 days) MO
<i>tolbutamide</i>	1	MO	STIMATE	2	MO
			SYNAREL	3	MO
			<i>testosterone cypionate inj 100mg/ml</i>	1	PA MO
			<i>testosterone enanthate</i>	1	PA MO
			ZAVESCA	2	LA
			ZEMPLAR	2	MO
			ZOMETA	4	MO
			THYROID HORMONES		
			<i>levothyroxine tabs</i>	1	
			<i>levoxyl</i>	1	MO

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<i>liothyronine sodium tabs</i>	1	MO	<i>gavilyte-n/ flavor pack</i>	1	MO
SYNTHROID	2	MO	<i>generlac</i>	1	MO
<i>unithroid</i>	1	MO	<i>granisetron inj</i>	1	QL(42 per 90 days) MO
GASTROENTEROLOGY					
ANTIDIARRHEALS / ANTISPASMODICS					
<i>atropine sulfate inj 0.1mg/ml</i>	1		<i>granisetron tabs</i>	1	PA QL(180 per 90 days)
ATROPINE SULFATE INJ 0.05MG/ML	2		<i>hydrocortisone enem</i>	1	MO
<i>dicyclomine hcl caps</i>	1	MO	<i>lactulose</i>	1	MO
<i>dicyclomine hcl oral soln</i>	1	MO	LOTRONEX	2	QL(180 per 90 days) MO
<i>dicyclomine hcl tabs</i>	1	MO	<i>meclizine hcl</i>	1	MO
<i>diphenoxylate / atropine</i>	1	MO	<i>mesalamine enem</i>	1	MO
<i>glycopyrrolate</i>	1	MO	<i>metoclopramide</i>	1	MO
<i>loperamide hcl caps</i>	1	MO	<i>ondansetron hcl inj 4mg/2ml</i>	1	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS					
AMITIZA	2	MO	<i>ondansetron hcl oral soln</i>	1	PA MO
ASACOL	2	MO	<i>ondansetron hcl tabs 24mg</i>	1	PA QL(21 per 90 days)
ASACOL HD	2	MO	<i>ondansetron hcl tabs 4mg, 8mg</i>	1	PA QL(135 per 90 days) MO
<i>balsalazide</i>	1		<i>ondansetron odt</i>	1	PA QL(135 per 90 days) MO
CANASA	2	MO	PENTASA	2	MO
<i>compro</i>	1	MO	<i>polyethylene glycol 3350 powd</i>	1	MO
<i>constulose</i>	1	MO	<i>prochlorperazine</i>	1	
CREON	3	MO	<i>prochlorperazine edisylate</i>	1	MO
CYSTADANE	2	MO	<i>prochlorperazine maleate</i>	1	MO
DIPENTUM	3	MO	<i>procto-pak</i>	1	
<i>dronabinol</i>	1	PA MO	<i>proctosol hc</i>	1	MO
EMEND CAPS 40MG	2	PA QL(3 per 90 days) MO	<i>proctozone-hc</i>	1	MO
EMEND CAPS 125MG	2	PA QL(6 per 90 days) MO	RELISTOR	2	MO
EMEND CAPS	2	PA QL(18 per 90 days) MO	REMICADE	4	PA MO
EMEND CAPS 80MG	2	PA QL(24 per 90 days) MO	SUCRAID	4	
ENTOCORT EC	2	MO	<i>sulfasalazine tabs</i>	1	MO
<i>enulose</i>	1	MO	<i>sulfazine ec</i>	1	
GASTROCROM	2	MO	TRANSDERM-SCOP	3	MO
<i>gavilyte-c</i>	1	MO	<i>trilyte</i>	1	MO
<i>gavilyte-g</i>	1	MO	URSO 250	2	MO
			URSO FORTE	2	MO
			<i>ursodiol caps</i>	1	MO
			<i>ursodiol tabs</i>	1	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ZENPEP	2	MO	ARANESP INJ 100MCG/0.5ML	2	PA QL(6 per 90 days) MO
ULCER THERAPY			ARANESP INJ 300MCG/0.6ML, 60MCG/0.3ML	2	PA QL(7.2 per 90 days) MO
CARAFATE SUSP	2	MO	ARANESP INJ 40MCG/0.4ML	2	PA QL(9.6 per 90 days) MO
<i>famotidine inj</i>	1	MO	ARANESP INJ 25MCG/0.42ML	2	PA QL(10.08 per 90 days) MO
<i>famotidine tabs 20mg, 40mg</i>	1	MO	ARANESP INJ 100MCG/ML, 200MCG/ML, 300MCG/ML	2	PA QL(12 per 90 days) MO
<i>famotidine premixed</i>	1		ARANESP INJ 25MCG/ML, 40MCG/ML, 60MCG/ML	2	PA QL(24 per 90 days) MO
<i>lansoprazole</i>	1	QL(180 per 90 days) MO	ARCALYST	4	LA MO
<i>misoprostol</i>	1	MO	AVONEX	4	PA QL(12 per 90 days) MO
NEXIUM	2	QL(90 per 90 days) MO	BETASERON	4	PA QL(45 per 90 days) MO
NEXIUM I.V. INJ 20MG	2		EPOGEN INJ 20000UNIT/ML	4	PA QL(36 per 90 days) MO
NEXIUM I.V. INJ 40MG	2	MO	EPOGEN INJ 40000UNIT/ML	3	PA QL(12 per 90 days) MO
<i>nizatidine</i>	1	MO	EPOGEN INJ 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA QL(36 per 90 days) MO
<i>omeprazole cpdr 40mg</i>	1	QL(90 per 90 days) MO	EPOGEN INJ 10000UNIT/ML	3	PA QL(72 per 90 days) MO
<i>omeprazole cpdr 10mg, 20mg</i>	1	QL(180 per 90 days) MO	INTRON-A INJ 3MU/0.2ML	2	PA MO
PEPCID SUSR	2	MO	INTRON-A INJ 10MU/0.2ML, 5MU/0.2ML, 6000000UNIT/ML	4	PA MO
PREVPAC	3	MO	INTRON-A WITH DILUENT INJ 10MU	4	PA MO
PYLERA	2	MO	LEUKINE	4	PA MO
<i>ranitidine hcl caps</i>	1	MO	MOZOBIL	4	QL(4.8 per 90 days) MO
<i>ranitidine hcl syrp</i>	1	MO			
<i>ranitidine hcl tabs 150mg, 300mg</i>	1	MO			
<i>sucralfate</i>	1	MO			
ZANTAC INJ 50MG/50ML; 0.45%	2	MO			
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY					
BIOTECHNOLOGY DRUGS					
ACTIMMUNE	4	LA PA MO			
ARANESP INJ 500MCG/ML	2	PA QL(3 per 90 days) MO			
ARANESP INJ 150MCG/0.3ML	2	PA QL(3.6 per 90 days) MO			
ARANESP INJ 200MCG/0.4ML	2	PA QL(4.8 per 90 days) MO			

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
NEULASTA	3	PA QL(3.6 per 90 days) MO	COMVAX	2	PA MO
NEUMEGA	4	PA QL(63 per 90 days) MO	DAPTACEL	2	MO
NEUPOGEN INJ 300MCG/0.5ML	4	PA QL(21 per 90 days) MO	DECAVAC	2	MO
NEUPOGEN INJ 480MCG/0.8ML	4	PA QL(33.6 per 90 days) MO	DIPHThERIA/TETANUS TOXOID PEDIATRIC ENGERIX-B	2	PA
NEUPOGEN INJ 480MCG/1.6ML	4	PA QL(67.2 per 90 days) MO	GARDASIL	2	PA MO
NORDITROPIN CARTRIDGE	4	PA MO	HAVRIX INJ 720ELU/0.5ML	2	
NORDITROPIN NORDIFLEX PEN	4	PA MO	HAVRIX INJ 1440ELU/ML	2	MO
<i>omnitrope inj 5mg/1.5ml</i>	1	PA MO	IMOVAX RABIES (H.D.C.V.)	2	
PEG-INTRON INJ 50MCG/0.5ML	4	PA QL(12 per 90 days) MO	INFANRIX	2	MO
PEG-INTRON REDIPEN	4	PA QL(12 per 90 days) MO	IPOL INACTIVATED IPV	2	MO
PEGASYS INJ 180MCG/0.5ML	4	PA QL(6 per 90 days) MO	IXIARO	2	
PROCRIT INJ 40000UNIT/ML	2	PA QL(18 per 90 days) MO	JE-VAX	2	MO
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	PA QL(36 per 90 days) MO	M-M-R II W/DILUENT 10 DOSE	2	MO
PROLEUKIN	4	MO	MENACTRA	2	
REBIF	4	PA QL(18 per 90 days) MO	MENOMUNE-A/C/Y/W-135	2	MO
REBIF TITRATION PACK	4	PA MO	MERUVAX II W/DILUENT 10 DOSE	2	MO
TEV-TROPIN	4	PA MO	PEDIARIX	2	PA
VACCINES / MISCELLANEOUS IMMUNOLOGICALS			PEDVAX HIB	2	MO
ACTHIB	2		PRIVIGEN	4	PA MO
ADACEL	2	MO	PROQUAD	2	
ATTENUVAX	2	MO	RABAVERT	2	MO
BOOSTRIX	2	MO	RECOMBIVAX HB	2	PA
CERVARIX	2	PA	ROTATEQ	2	
			TETANUS / DIPHTHERIA TOXOIDS-ADSORBED ADULT TETANUS TOXOID ADSORBED	2	MO
			THYMOGLOBULIN	2	PA
			TRIHIBIT	2	
			TRIPEDIA	2	
			TWINRIX	2	PA MO
			TYPHIM VI	2	
			VAQTA	2	MO
			VARIVAX	2	
			VIVAGLOBIN	4	PA MO
			VIVOTIF BERNA	2	MO
			YF-VAX	2	
			ZOSTAVAX	2	PA

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
MUSCULOSKELETAL / RHEUMATOLOGY			MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY			GOUT THERAPY		
<i>allopurinol</i>	1	MO	<i>camila</i>	1	MO
COLCRYS	2	MO	CLIMARA PRO	2	MO
<i>probenecid</i>	1	MO	COMBIPATCH	2	MO
<i>probenecid / colchicine</i>	1	MO	CRINONE	2	PA MO
ULORIC	2	MO	DEPO-PROVERA	2	MO
OSTEOPOROSIS THERAPY			OSTEOPOROSIS THERAPY		
ACTONEL TABS 150MG, 35MG, 5MG	3	ST MO	DEPO-SUBQ PROVERA 104	3	MO
<i>alendronate sodium tabs 10mg, 35mg, 5mg, 70mg</i>	1	MO	DIVIGEL	2	MO
BONIVA TABS	2	MO	<i>errin</i>	1	MO
EVISTA	2	QL(90 per 90 days) MO	ESTRADERM	2	MO
FORTEO	4	QL(7.2 per 90 days) MO	<i>estradiol ptwk</i>	1	
OTHER RHEUMATOLOGICALS			OTHER RHEUMATOLOGICALS		
CUPRIMINE CAPS 250MG	2	MO	<i>estradiol tabs</i>	1	MO
DEPEN TITRATABS	2	MO	<i>estradiol / norethindrone acetate</i>	1	MO
ENBREL	4	PA QL(600 per 90 days) MO	ESTRASORB	3	MO
HUMIRA INJ 20MG/0.4ML	4	PA QL(2.4 per 90 days) MO	ESTRING	3	MO
HUMIRA INJ 40MG/0.8ML	4	PA QL(4.8 per 90 days) MO	ESTROGEL	3	MO
HUMIRA PEN-CROHNS DISEASE STARTER	4	PA MO	<i>estropipate</i>	1	MO
<i>leflunomide</i>	1	QL(90 per 90 days) MO	FEMHRT 1/5	3	MO
RIDAURA	3	MO	FEMHRT LOW DOSE	3	MO
SAVELLA	2	QL(180 per 90 days) MO	GYNODIOL	3	
SAVELLA TITRATION PACK	2	MO	<i>jolivette</i>	1	MO
OBSTETRICS / GYNECOLOGY			OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS			ESTROGENS / PROGESTINS		
ALORA	2	MO	<i>medroxyprogesterone acetate</i>	1	MO
			MENEST	3	MO
			MENOSTAR	3	MO
			<i>nora-be</i>	1	MO
			<i>norethindrone</i>	1	MO
			<i>ortho-est</i>	1	
			PREFEST	3	MO
			PREMARIN TABS	2	MO
			PREMARIN W/APPLICATOR	2	MO
			PREMPHASE	2	MO
			PREMPRO	2	MO
			PROMETRIUM	2	MO
			VAGIFEM	2	MO
			VIVELLE-DOT	2	MO
MISCELLANEOUS OB/GYN			MISCELLANEOUS OB/GYN		
			CLEOCIN SUPP	2	MO
			<i>clindamycin phosphate crea</i>	1	MO
			GYNAZOLE-1	2	
			<i>metronidazole vaginal</i>	1	MO
			<i>miconazole 3</i>	1	MO
			NUVARING	3	MO
			ORTHO EVRA	3	MO

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<i>terconazole</i>	1	MO	<i>solia</i>	1	MO
<i>vandazole</i>	1	MO	<i>sprintec 28</i>	1	MO
<i>zazole crea 0.4%</i>	1	MO	<i>sronyx</i>	1	MO
<i>zazole supp</i>	1		<i>tri-legest fe</i>	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS			<i>tri-previfem</i>	1	MO
<i>apri</i>	1	MO	<i>tri-sprintec</i>	1	MO
<i>aranelle</i>	1		<i>trinessa</i>	1	MO
<i>aviane</i>	1	MO	<i>trivora-28</i>	1	MO
<i>balziva</i>	1	MO	<i>velivet</i>	1	MO
<i>cesia</i>	1	MO	<i>zovia 1/35e</i>	1	MO
<i>cryselle-28</i>	1	MO	<i>zovia 1/50e</i>	1	MO
<i>enpresse-28</i>	1	MO	OXYTOCICS		
<i>junel</i>	1	MO	METHERGINE TABS	2	
<i>junel fe 1.5/30</i>	1	MO	OPHTHALMOLOGY		
<i>junel fe 1/20</i>	1	MO	ANTIBIOTICS		
<i>kariva</i>	1	MO	<i>ak-tob</i>	1	
<i>kelnor 1/35</i>	1	MO	AZASITE	2	MO
<i>leena</i>	1	MO	<i>bacitracin ophthalmic oint</i>	1	MO
<i>lessina-28</i>	1	MO	<i>bacitracin / polymyxin b</i>	1	MO
<i>levora</i>	1	MO	CILOXAN OINT	2	MO
<i>low-ogestrel</i>	1	MO	<i>ciprofloxacin ophthalmic soln</i>	1	MO
<i>lutera</i>	1	MO	<i>erythromycin oint</i>	1	MO
<i>microgestin 1.5/30</i>	1	MO	<i>gentak</i>	1	MO
<i>microgestin 1/20</i>	1	MO	<i>gentamicin sulfate ophthalmic soln</i>	1	MO
<i>microgestin fe</i>	1	MO	<i>gentasol</i>	1	MO
<i>microgestin fe 1.5/30</i>	1	MO	NATACYN	2	MO
<i>mononessa</i>	1	MO	<i>neomycin /bacitracin /polymyxin</i>	1	MO
<i>necon 0.5/35-28</i>	1	MO	<i>neomycin /polymyxin /gramicidin</i>	1	MO
<i>necon 1/35-28</i>	1	MO	<i>ofloxacin</i>	1	MO
<i>necon 10/11-28</i>	1	MO	<i>polycin b</i>	1	
<i>necon 7/7/7</i>	1	MO	<i>romycin</i>	1	MO
<i>next choice</i>	1		<i>tobramycin ophthalmic soln</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO	<i>tobrasol</i>	1	
<i>nortrel 1/35 (21)</i>	1	MO	TOBREX OINT	2	MO
<i>nortrel 1/35 (28)</i>	1	MO	<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	MO
<i>nortrel 7/7/7</i>	1	MO	VIGAMOX	2	MO
<i>ogestrel</i>	1	MO	ZYMAR	2	MO
<i>portia-28</i>	1	MO	ANTIVIRALS		
<i>previfem</i>	1	MO	<i>trifluridine</i>	1	MO
<i>quasense</i>	1	MO	ZIRGAN	3	MO
<i>reclipsen</i>	1	MO			

Drug Name	Drug Tier	Notes
BETA-BLOCKERS		
<i>betaxolol hcl ophthalmic soln</i>	1	MO
<i>carteolol hcl</i>	1	MO
ISTALOL	2	MO
<i>levobunolol hcl</i>	1	MO
<i>metipranolol</i>	1	MO
<i>timolol maleate</i>	1	MO
<i>timolol maleate ophthalmic gel forming</i>	1	MO
TIMOPTIC OCUDOSE	2	MO
CYCLOPLEGIC MYDRIATICS		
<i>mydral ophthalmic soln 1%</i>	1	
<i>mydral ophthalmic soln 0.5%</i>	1	MO
<i>tropicamide</i>	1	MO
DIRECT ACTING MIOTICS		
PILOPINE HS	2	MO
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRIAL	3	MO
<i>azelastine hcl ophthalmic soln</i>	1	
<i>cromolyn sodium ophthalmic soln</i>	1	MO
LACRISERT	2	MO
<i>parcaine</i>	1	MO
PATADAY	2	MO
PATANOL	2	MO
<i>proparacaine hcl</i>	1	MO
RESTASIS	2	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACUVAIL	2	MO
<i>diclofenac sodium</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
<i>ketorolac tromethamine ophthalmic soln</i>	1	MO
NEVANAC	2	MO
XIBROM	2	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	MO
<i>acetazolamide sodium</i>	1	
<i>methazolamide</i>	1	MO
OTHER GLAUCOMA DRUGS		
AZOPT	2	MO
COMBIGAN	2	MO

Drug Name	Drug Tier	Notes
<i>dorzolamide hcl</i>	1	MO
<i>dorzolamide hcl/timolol maleate</i>	1	MO
TRAVATAN Z	2	MO
XALATAN	2	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin /polymyxin /bacitracin /hydrocortisone</i>	1	MO
<i>neomycin /polymyxin /dexamethasone</i>	1	MO
<i>neomycin /polymyxin /hydrocortisone ophthalmic susp</i>	1	MO
<i>poly-dex oint</i>	1	MO
<i>poly-dex susp</i>	1	
<i>tobramycin /dexamethasone</i>	1	MO
ZYLET	2	MO
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide sodium / prednisolone sodium phospho</i>	1	MO
STEROIDS		
ALREX	2	MO
<i>dexamethasone ophthalmic soln</i>	1	MO
<i>fluorometholone</i>	1	MO
FML	2	MO
FML FORTE	2	MO
LOTEMAX	2	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic soln</i>	1	MO
SULFONAMIDES		
BLEPH-10	2	MO
<i>sodium sulfacetamide</i>	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P	2	MO
<i>apraclonidine</i>	1	MO
<i>brimonidine tartrate ophthalmic soln 0.2%</i>	1	MO
IOPIDINE	3	MO
VASOCONSTRICTOR DECONGESTANTS		
<i>ak-con</i>	1	MO
<i>naphazoline hcl</i>	1	
RESPIRATORY AND ALLERGY		

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS			PULMONARY AGENTS		
<i>carbinoxamine maleate</i>	1	MO	ACCOLATE	3	QL(180 per 90 days) MO
<i>cetirizine hcl syrup</i>	1	MO	<i>acetylcysteine</i>	1	PA MO
CLARINEX SYRP	2	MO	ADVAIR DISKUS	2	QL(180 per 90 days) MO
CLARINEX TABS	2	QL(90 per 90 days) MO	ADVAIR HFA	2	QL(36 per 90 days) MO
CLARINEX REDITABS	2	QL(90 per 90 days) MO	<i>albuterol sulfate nebu</i>	1	PA MO
CLARINEX-D 12 HOUR	2	QL(180 per 90 days) MO	<i>albuterol sulfate syrup</i>	1	MO
CLARINEX-D 24 HOUR	2	QL(90 per 90 days) MO	<i>albuterol sulfate tabs</i>	1	MO
<i>clemastine fumarate syrup</i>	1	MO	<i>albuterol sulfate er</i>	1	MO
<i>clemastine fumarate tabs 2.68mg</i>	1	MO	<i>aminophylline inj</i>	1	
<i>diphenhydramine hcl caps 50mg</i>	1	MO	<i>aminophylline tabs</i>	1	MO
<i>diphenhydramine hcl inj</i>	1	MO	ASMANEX 120 METERED DOSES	2	QL(3 per 90 days) MO
<i>epinephrine hcl inj 0.1mg/ml</i>	1		ASMANEX 14 METERED DOSES	2	QL(3 per 90 days)
EPIPEN	2	MO	ASMANEX 30 METERED DOSES	2	QL(3 per 90 days) MO
EPIPEN-JR	2	MO	ASMANEX 60 METERED DOSES	2	QL(3 per 90 days) MO
<i>fexofenadine hcl tabs 180mg</i>	1	QL(90 per 90 days) MO	ATROVENT HFA	2	QL(77.4 per 90 days) MO
<i>fexofenadine hcl tabs 30mg, 60mg</i>	1	QL(180 per 90 days) MO	<i>budesonide</i>	1	PA MO
<i>hydroxyzine hcl inj 25mg/ml</i>	1		COMBIVENT	2	QL(88.2 per 90 days) MO
<i>hydroxyzine hcl inj 50mg/ml</i>	1	MO	<i>cromolyn sodium nebu</i>	1	PA MO
<i>hydroxyzine hcl syrup</i>	1	PA MO	ELIXOPHYLLIN	3	MO
<i>hydroxyzine hcl tabs</i>	1	PA MO	FLOVENT DISKUS	2	QL(180 per 90 days) MO
<i>palgic liqd</i>	1	MO	FLOVENT HFA	2	QL(72 per 90 days) MO
<i>phenadoz</i>	1		<i>flunisolide nasal soln 0.025%</i>	1	MO
<i>promethazine hcl inj 25mg/ml</i>	1		<i>fluticasone propionate</i>	1	MO
<i>promethazine hcl inj 50mg/ml</i>	1	MO	FORADIL AEROLIZER	2	QL(180 per 90 days) MO
<i>promethazine hcl supp</i>	1	MO	<i>ipratropium bromide inhalation soln</i>	1	PA MO
<i>promethazine hcl syrup</i>	1	PA MO			
<i>promethazine hcl tabs</i>	1	PA MO			
<i>promethegan supp 25mg</i>	1				
<i>promethegan supp 50mg</i>	1	MO			
TWINJECT	2	MO			

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<i>ipratropium bromide/albuterol sulfate</i> LETAIRIS	1 4	PA MO LA PA QL(90 per 90 days) MO	ANTICHOLINERGICS / ANTISPASMODICS		
<i>metaproterenol sulfate</i> NASONEX	1 2	MO MO	DETROL	2	QL(180 per 90 days) MO
PERFOROMIST	2	PA MO	DETROL LA	2	QL(90 per 90 days) MO
PROAIR HFA	2	QL(51 per 90 days) MO	ENABLEX	2	QL(90 per 90 days) MO
PULMICORT SUSP 1MG/2ML	2	PA MO	<i>flavoxate hcl</i>	1	MO
PULMOZYME	4	PA MO	<i>oxybutynin</i>	1	MO
REVATIO TABS	4	PA QL(270 per 90 days) MO	<i>oxybutynin er tb24 5mg</i>	1	QL(90 per 90 days) MO
SEREVENT DISKUS	2	QL(180 per 90 days) MO	<i>oxybutynin er tb24 10mg, 15mg</i>	1	QL(180 per 90 days) MO
SINGULAIR	2	QL(90 per 90 days) MO	OXYTROL	2	QL(32 per 90 days) MO
SPIRIVA HANDIHALER	2	QL(90 per 90 days) MO	BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	2	QL(30.6 per 90 days)	AVODART	2	QL(90 per 90 days) MO
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	2	QL(30.6 per 90 days) MO	<i>finasteride</i>	1	QL(90 per 90 days) MO
<i>terbutaline sulfate</i>	1	MO	<i>tamsulosin hcl</i>	1	QL(180 per 90 days) MO
THEO-24	3	MO	UROXATRAL	2	QL(90 per 90 days) MO
<i>theochron</i>	1	MO	CHOLINERGIC STIMULANTS		
<i>theophylline er</i>	1	MO	<i>bethanechol chloride</i>	1	MO
TRACLEER	4	LA PA QL(180 per 90 days) MO	MISCELLANEOUS UROLOGICALS		
VENTOLIN HFA	2	QL(108 per 90 days) MO	CYSTAGON	2	LA
VERAMYST	2	MO	ELMIRON	2	MO
ZYFLO CR	3	QL(360 per 90 days) MO	<i>potassium citrate extended- release</i>	1	MO
UROLOGICALS			VITAMINS, HEMATINICS / ELECTROLYTES		
			ELECTROLYTES		

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<i>calcium acetate</i>	1		<i>potassium chloride cr</i>	1	
<i>eliphos</i>	1	MO	<i>potassium chloride er cpcr</i>	1	MO
K-TABS	3	MO	<i>potassium chloride er tbcr 20meq</i>	1	MO
KAON-CL-10	3	MO	<i>potassium chloride sr</i>	1	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1		<i>ringers injection</i>	1	
<i>kcl 0.15%/d5w/lr</i>	1		<i>sodium bicarbonate inj 7.5%, 8.4%</i>	1	
KCL 0.15%/D5W/NACL 0.2%	2		<i>sodium chloride inj 3%, 5%</i>	1	
KCL 0.15%/D5W/NACL 0.225%	2		<i>sodium chloride inj 2.5meq/ml</i>	1	MO
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1		<i>sodium chloride 0.45% viaflex</i>	1	MO
<i>kcl 0.3%/d5w/lr iv lac ring</i>	1				
KCL 0.3%/D5W/NACL 0.2%	2		MISCELLANEOUS NUTRITION PRODUCTS		
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1		AMINOSYN	2	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	1		AMINOSYN II	2	
<i>klor-con 10</i>	1	MO	AMINOSYN II M	2	
<i>klor-con 8</i>	1	MO	AMINOSYN-HBC	2	
KLOR-CON M15	3	MO	AMINOSYN-HF	2	
<i>klor-con m20</i>	1	MO	AMINOSYN-PF	2	
LACTATED RINGERS	2	MO	AMINOSYN-PF 7%	2	
MAGNESIUM SULFATE INJ	2		CLINIMIX / DEXTROSE	2	
MAGNESIUM SULFATE IN D5W INJ 5%; 10MG/ML	2		CLINISOL SF	2	
NORMOSOL	2		DEXTROSE 5%	2	
POTASSIUM CHLORIDE INJ 0.4MEQ/ML, 30MEQ/100ML	2		/ELECTROLYTE #48 VIAFLEX		
<i>potassium chloride inj 10meq/100ml, 10meq/50ml, 2meq/ml</i>	1		FREAMINE HBC	2	
POTASSIUM CHLORIDE 0.075%/D5W/NACL 0.225%	2		FREAMINE III	2	MO
POTASSIUM CHLORIDE 0.15%/NACL 0.45% VIAFLEX	2		HEPATAMINE	2	
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	1		HEPATASOL	2	
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	1	MO	INTRALIPID INJ 1.7%; 30%	2	
<i>potassium chloride 0.15% nacl 0.9%</i>	1		<i>intralipid inj 2.25%; 20%</i>	1	
POTASSIUM CHLORIDE 0.15%/D5W	2		IONOSOL	2	
POTASSIUM CHLORIDE 0.22% D5W/NACL 0.45%	2		ISOLYTE	2	
<i>potassium chloride 0.224%/d5w</i>	1		KCL 0.15%/D10W/NACL 0.2%	2	
POTASSIUM CHLORIDE 0.3%/NACL 0.9%	2		LIPOSYN III INJ 1.8%; 2.5%; 30%	2	
<i>potassium chloride 0.3%/d5w</i>	1		NEPHRAMINE	2	
			NORMOSOL	2	
			<i>novamine</i>	1	
			PLASMA-LYTE	2	
			PREMASOL INJ	2	
			<i>premasol inj</i>	1	
			RENAMIN	2	
			TRAVASOL	2	
			TROPHAMINE	2	

Drug Name	Drug Tier	Notes
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CLIMARA PRO.....	25	<i>cromolyn sodium</i>	27, 28
<i>clindamycin hcl</i>	3	<i>cryselle-28</i>	26
<i>clindamycin phosphate</i>	16, 25	CUBICIN	3

CUPRIMINE.....	25	DEXTROSE 10%/NAACL 0.45%	18
CURITY GAUZE PADS 2	20	DEXTROSE 5% /ELECTROLYTE #48	
<i>cyclobenzaprine hcl</i>	8	VIAFLEX	30
<i>cyclophosphamide</i>	5	<i>dextrose 10% flex container</i>	18
<i>cyclosporine</i>	5	DEXTROSE 10%/NAACL 0.2%	18
CYKLOKAPRON.....	15	<i>dextrose 2.5%/sodium chloride 0.45%</i>	18
CYMBALTA	10	<i>dextrose 5%</i>	18
CYSTADANE.....	22	<i>dextrose 5%/nacl 0.2%</i>	18
CYSTAGON	29	<i>dextrose 5%/nacl 0.225%</i>	18
<i>cytarabine</i>	5	DEXTROSE 5%/NAACL 0.33%	18
<i>cytarabine aqueous</i>	5	<i>dextrose 5%/nacl 0.45%</i>	18
D		<i>dextrose 5%/nacl 0.9%</i>	18
<i>dacarbazine</i>	5	DIBENZYLINE.....	13
<i>danazol</i>	21	<i>diclofenac potassium</i>	9
<i>dantrolene sodium</i>	8	<i>diclofenac sodium</i>	9, 27
DAPSONE	3	<i>diclofenac sodium ec</i>	9
DAPTACEL	24	<i>diclofenac sodium xr</i>	9
DARAPRIM.....	3	<i>dicloxacillin sodium</i>	3
DAUNORUBICIN HCL.....	5	<i>dicyclomine hcl</i>	22
DECAVAC.....	24	<i>didanosine</i>	1
<i>demeclocycline hcl</i>	4	<i>diflorasone diacetate</i>	17
DEMSER.....	13	DIFLUCAN IN NAACL	1
DENAVIR.....	17	<i>diflunisal</i>	9
<i>depade</i>	9	<i>digoxin</i>	15
DEPEN TITRATABS	25	<i>dihydroergotamine mesylate</i>	7
DEPO-MEDROL	19	DILANTIN INFATABS	6
DEPO-PROVERA	25	DILAUDID	8
DEPO-SUBQ PROVERA 104.....	25	DILAUDID-5.....	8
DERMA-SMOOTHIE / FS BODY OIL	17	DILAUDID-HP.....	8
DERMOTIC	19	<i>dilt-cd</i>	13
<i>desipramine</i>	10	<i>diltiazem cd</i>	13
<i>desmopressin acetate</i>	21	<i>diltiazem hcl</i>	13
<i>desonide</i>	17	<i>diltiazem hcl er</i>	13
<i>desoximetasone</i>	17	<i>dilt-xr</i>	13
DETROL	29	<i>diltzac</i>	13
DETROL LA.....	29	DIOVAN.....	13
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DEXAMETHASONE INTENSOL	19	DIPENTUM	22
<i>dexmethylphenidate</i>	10	<i>diphenhydramine hcl</i>	28
<i>dexrazoxane</i>	4	<i>diphenoxylate / atropine</i>	22
<i>dextroamphetamine sulfate</i>	10	DIPHThERIA/TETANUS TOXOID PEDIATRIC	
<i>dextroamphetamine sulfate er</i>	10	24
		<i>dipyridamole</i>	15

<i>disopyramide phosphate</i>	12	ENTOCORT EC	22
<i>divalproex sodium</i>	6	<i>enulose</i>	22
<i>divalproex sodium er</i>	7	<i>epinephrine hcl</i>	28
DIVIGEL.....	25	EPIPEN	28
<i>dorzolamide hcl</i>	27	EPIPEN-JR	28
<i>dorzolamide hcl/timolol maleate</i>	27	<i>epirubicin hcl</i>	5
<i>doxazosin</i>	13	<i>epitol</i>	7
<i>doxepin</i>	10	EPIVIR.....	1
DOXIL	5	EPIVIR HBV	1
<i>doxorubicin hcl</i>	5	<i>eplerenone</i>	13
<i>doxycycline hyclate</i>	4	EPOGEN.....	23
<i>doxycycline monohydrate</i>	4	EPZICOM.....	1
<i>dronabinol</i>	22	EQUETRO	7
DROXIA	5	ERAXIS	1
DUETACT	20	ERBITUX	5
<i>duramorph</i>	8	<i>ergotamine tartrate / caffeine</i>	7
E		<i>errin</i>	25
<i>e.e.s. 400</i>	2	<i>ery</i>	16
E.E.S. GRANULES	2	ERY-TAB	2
<i>econazole nitrate</i>	17	ERYTHROCIN LACTOBIONATE.....	2
EDECIN.....	13	<i>erythrocine stearate</i>	2
EFFIENT	15	<i>erythromycin</i>	16, 26
ELIDEL.....	16	<i>erythromycin / benzoyl peroxide</i>	16
<i>eliphos</i>	30	<i>erythromycin / sulfisoxazole</i>	2
ELITEK.....	4	ERYTHROMYCIN BASE	2
ELIXOPHYLLIN.....	28	ESTRADERM	25
ELLENCE	5	<i>estradiol</i>	25
ELMIRON.....	29	<i>estradiol / norethindrone acetate</i>	25
ELOXATIN.....	5	ESTRASORB	25
ELSPAR	5	ESTRING.....	25
EMBEDA	8	ESTROGEL	25
EMCYT.....	5	<i>estropipate</i>	25
EMEND.....	22	<i>ethambutol</i>	3
EMSAM	10	<i>ethosuximide</i>	7
EMTRIVA.....	1	<i>etidronate disodium</i>	18
ENABLEX	29	<i>etodolac</i>	9
<i>enalapril</i>	13	ETOPHOS	5
<i>enalapril / hydrochlorothiazide</i>	13	<i>etoposide</i>	5
ENBREL	25	EURAX.....	18
<i>endocet</i>	8	EVISTA	25
ENGERIX-B	24	EVOXAC	18
<i>enpresse-28</i>	26	EXELON.....	8
		EXFORGE	13

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EXJADE.....	18
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<i>famciclovir</i>	1
<i>famotidine</i>	23
<i>famotidine premixed</i>	23
FANAPT	10
FANAPT TITRATION PACK	10
FARESTON	5
FASLODEX	5
FAZACLO	10
FELBATOL	7
<i>felodipine er</i>	13
FEMARA	5
FEMHRT 1/5.....	25
FEMHRT LOW DOSE	25
<i>fenofibrate</i>	15
<i>fenofibrate micronized</i>	15
<i>fenopropfen calcium</i>	9
<i>fentanyl citrate</i>	8
<i>fentanyl citrate oral transmucosal</i>	8
<i>fentanyl patches</i>	8
<i>fexofenadine hcl</i>	28
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<i>finasteride</i>	29
FIRMAGON.....	5
<i>flavoxate hcl</i>	29
<i>flecainide acetate</i>	12
FLECTOR	9
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FLOVENT HFA.....	28
<i>fluconazole</i>	1
<i>fluconazole in dextrose</i>	1
<i>fludarabine phosphate</i>	5
<i>fludrocortisone acetate</i>	19
<i>flunisolide</i>	28
<i>fluocinolone acetonide</i>	17
<i>fluocinonide</i>	17
<i>fluocinonide emollient base</i>	17
<i>fluorometholone</i>	27
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<i>fluoxetine dr</i>	11
<i>fluphenazine</i>	11
<i>fluphenazine decanoate inj</i>	11
<i>flurbiprofen</i>	9
<i>flurbiprofen sodium</i>	27
<i>flutamide</i>	5
<i>fluticasone propionate</i>	17, 28
<i>fluvoxamine</i>	11
FML	27
FML FORTE.....	27
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FORTAZ.....	2
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<i>fortical</i>	21
<i>foscarnet sodium</i>	1
<i>fosinopril</i>	13
<i>fosinopril / hydrochlorothiazide</i>	13
FOSRENOL.....	18
FRAGMIN	15
FREAMINE HBC.....	30
FREAMINE III	30
FURADANTIN.....	4
<i>furosemide</i>	13
FUZEON.....	1
G	
<i>gabapentin</i>	7
GABITRIL.....	7
<i>galantamine hydrobromide</i>	8
<i>ganciclovir</i>	1
GARDASIL	24
GASTROCROM.....	22
<i>gavilyte-c</i>	22
<i>gavilyte-g</i>	22
<i>gavilyte-n/flavor pack</i>	22
<i>gemfibrozil</i>	15
GEMZAR.....	5
<i>generlac</i>	22
<i>gengraf</i>	5
<i>gentak</i>	26

<i>gentamicin sulfate</i>	3, 17, 26	HERCEPTIN.....	5
<i>gentamicin sulfate/0.9% sodium chloride</i>	3	HEXALEN.....	5
<i>gentamicin sulfate/sodium chloride</i>	3	HUMALOG	20
<i>gentasol</i>	26	HUMALOG MIX 50/50	20
GEODON	11	HUMALOG MIX 50/50 PEN.....	20
GLEEVEC.....	5	HUMALOG MIX 75/25	20
<i>glimepiride</i>	20	HUMALOG MIX 75/25 PEN.....	20
<i>glipizide</i>	20	HUMALOG PEN.....	20
<i>glipizide / metformin</i>	20	HUMIRA	25
<i>glipizide er</i>	20	HUMIRA PEN-CROHNS DISEASE STARTER	
<i>glipizide xl</i>	20	25
GLUCAGEN HYPOKIT	20	HUMULIN 70/30.....	20
GLUCAGON EMERGENCY KIT	20	HUMULIN 70/30 PEN	20
<i>glyburide</i>	20	HUMULIN N.....	20
<i>glyburide / metformin</i>	20	HUMULIN N U-100 PEN	20
<i>glyburide micronized</i>	20	HUMULIN R	20
<i>glycopyrrolate</i>	22	HUMULIN R U-500 (CONCENTRATED).....	20
<i>glycron</i>	20	HYCANTIN	5
<i>granisetron</i>	22	<i>hydralazine</i>	13
<i>griseofulvin microsize</i>	1	<i>hydrochlorothiazide</i>	13
GRIS-PEG.....	1	<i>hydrocodone / acetaminophen</i>	8
<i>guanfacine hcl</i>	13	<i>hydrocodone / ibuprofen</i>	8
GYNAZOLE-1	25	<i>hydrocodone /acetaminophen-hs</i>	8
GYNODIOL.....	25	<i>hydrocodone bitartrate/acetaminophen</i>	8
H		<i>hydrocortisone</i>	17, 19, 22
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HALDOL DECANOATE 100	11	<i>hydrocortisone valerate</i>	17
HALDOL DECANOATE 50	11	<i>hydromorphone hcl</i>	8
<i>halobetasol propionate</i>	17	<i>hydroxychloroquine</i>	3
<i>haloperidol</i>	11	<i>hydroxyurea</i>	5
<i>haloperidol decanoate inj</i>	11	<i>hydroxyzine hcl</i>	28
<i>haloperidol lactate inj</i>	11	I	
HAVRIX	24	<i>ibuprofen</i>	9
HECTOROL.....	21	<i>idarubicin hcl</i>	5
HEPARIN SODIUM.....	15	IFEX.....	5
<i>heparin sodium dcu</i>	15	<i>ifosfamide</i>	5
<i>heparin sodium/d5w</i>	15	<i>ifosfamide/mesna</i>	5
HEPARIN SODIUM/NACL 0.45%	15	<i>imipramine</i>	11
<i>heparin sodium/sodium chloride 0.9% premix</i> ...	15	<i>imipramine pamoate</i>	11
HEPATAMINE.....	30	<i>imiquimod</i>	16
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<i>indomethacin</i>	9
<i>indomethacin er</i>	9
INFANRIX	24
INFUMORPH 200	8
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INTELENCE	1
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INTRON-A	23
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<i>ipratropium bromide/albuterol sulfate</i>	29
<i>irinotecan</i>	5
ISENTRESS	1
ISOLYTE	30
<i>isonarif</i>	3
<i>isoniazid</i>	3
<i>isosorbide dinitrate</i>	16
<i>isosorbide dinitrate er</i>	16
<i>isosorbide mononitrate</i>	16
<i>isosorbide mononitrate er</i>	16
<i>isotonic gentamicin</i>	3
<i>isradipine</i>	14
ISTALOL	27
ISTODAX	5
<i>itraconazole</i>	1
IXEMPRA KIT	5
IXIARO	24

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JANUMET	20
JANUVIA	20
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<i>jolivette</i>	25
<i>junel</i>	26
<i>junel fe 1.5/30</i>	26

<i>junel fe 1/20</i>	26
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KADIAN	8
KALETRA	1
KAON-CL-10	30
<i>kariva</i>	26
<i>kcl 0.075%/d5w/nacl 0.45%</i>	30
KCL 0.15%/D10W/NACL 0.2%	30
<i>kcl 0.15%/d5w/lr</i>	30
KCL 0.15%/D5W/NACL 0.2%	30
KCL 0.15%/D5W/NACL 0.225%	30
<i>kcl 0.15%/d5w/nacl 0.9%</i>	30
<i>kcl 0.3%/d5w/lr iv lac ring</i>	30
KCL 0.3%/D5W/NACL 0.2%	30
<i>kcl 0.3%/d5w/nacl 0.45%</i>	30
<i>kcl 0.3%/d5w/nacl 0.9%</i>	30
<i>kelnor 1/35</i>	26
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<i>ketoprofen</i>	9
<i>ketoprofen er</i>	9
<i>ketorolac tromethamine</i>	27
<i>kionex</i>	18
<i>klor-con 10</i>	30
<i>klor-con 8</i>	30
KLOR-CON M15	30
<i>klor-con m20</i>	30
K-TABS	30
<i>kuric</i>	17
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L

<i>labetalol</i>	14
<i>laclotion</i>	16
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<i>lactulose</i>	22
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<i>lamotrigine</i>	7
LANOXIN	15
<i>lansoprazole</i>	23

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<i>leena</i>	26
<i>leflunomide</i>	25
<i>lessina-28</i>	26
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<i>leuprolide acetate</i>	5
LEUSTATIN.....	5
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<i>levetiracetam</i>	7
<i>levobunolol hcl</i>	27
<i>levocarnitine</i>	18
<i>levora</i>	26
<i>levorphanol tartrate</i>	8
<i>levothyroxine</i>	21
<i>levoxyl</i>	21
LEXAPRO	11
LEXIVA	1
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<i>lidocaine / prilocaine</i>	17
<i>lidocaine viscous</i>	17
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<i>lisinopril</i>	14
<i>lisinopril / hydrochlorothiazide</i>	14
<i>lithium carbonate</i>	11
<i>lithium carbonate er</i>	11
<i>lithium citrate</i>	11
LOCOID.....	17
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<i>loperamide hcl</i>	22
<i>losartan potassium</i>	14
<i>losartan potassium/hydrochlorothiazide</i>	14
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<i>lovastatin</i>	15

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<i>low-ogestrel</i>	26
<i>loxapine</i>	11
LUPRON DEPOT.....	5
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<i>maprotiline</i>	11
<i>margesic-h</i>	8
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MATULANE	5
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<i>mebendazole</i>	3
<i>meclizine hcl</i>	22
<i>meclofenamate sodium</i>	9
<i>medroxyprogesterone acetate</i>	25
<i>mefloquine hcl</i>	3
MEGACE ES	5
<i>megestrol acetate</i>	5
<i>meloxicam</i>	9
<i>melphalan hydrochloride</i>	5
MENACTRA	24
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<i>meperidine hcl</i>	9
MEPRON.....	3
<i>mercaptopurine</i>	5
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<i>mesalamine</i>	22
<i>mesna</i>	4

MESNEX	4	<i>microgestin fe</i>	26
MESTINON	8	<i>microgestin fe 1.5/30</i>	26
MESTINON TIMESPAN	8	<i>midodrine</i>	18
METADATE CD	11	<i>migergot</i>	7
<i>metadate er</i>	11	MIGRANAL	7
<i>metaproterenol sulfate</i>	29	<i>minocycline hcl</i>	4
<i>metaxalone</i>	8	<i>minocycline hcl er</i>	4
<i>metformin hcl</i>	20, 21	<i>minoxidil</i>	14
<i>metformin hcl er</i>	21	MIRAPEX ER	7
<i>methadone hcl</i>	9	<i>mirtazapine</i>	11
<i>methadose</i>	9	<i>mirtazapine odt</i>	11
<i>methamphetamine hcl</i>	11	<i>misoprostol</i>	23
<i>methazolamide</i>	27	<i>mitomycin</i>	5
<i>methenamine hippurate</i>	4	<i>mitoxantrone hcl</i>	5
METHERGINE	26	M-M-R II W/DILUENT 10 DOSE	24
<i>methimazole</i>	19	<i>moexipril</i>	14
<i>methocarbamol</i>	8	<i>moexipril / hydrochlorothiazide</i>	14
<i>methotrexate</i>	5	<i>mometasone furoate</i>	17
<i>methotrexate sodium</i>	5	<i>mononessa</i>	26
<i>methyclothiazide</i>	14	<i>morphine sulfate</i>	9
<i>methylin</i>	11	<i>morphine sulfate er</i>	9
<i>methylin er</i>	11	MOZOBIL	23
<i>methylphenidate hcl</i>	11	MULTAQ	12
<i>methylphenidate hcl sr</i>	11	<i>mupirocin</i>	17
<i>methylprednisolone</i>	19	MUSTARGEN	5
<i>methylprednisolone acetate</i>	19	MYCOBUTIN	3
<i>methylprednisolone sodiumsuccinate</i>	19	<i>mycophenolate mofetil</i>	5
<i>metipranolol</i>	27	<i>mydral</i>	27
<i>metoclopramide</i>	22	MYFORTIC	5
<i>metolazone</i>	14	MYTELASE	8
<i>metoprolol / hydrochlorothiazide</i>	14		
<i>metoprolol succinate er</i>	14	N	
<i>metoprolol tartrate</i>	14	<i>nabumetone</i>	9
METROGEL	16	<i>nadolol</i>	14
<i>metronidazole</i>	3, 16	<i>nadolol / bendroflumethiazide</i>	14
<i>metronidazole in nacl 0.79%</i>	3	<i>nafcillin sodium</i>	3
<i>metronidazole vaginal</i>	25	NAFTIN	17
<i>mexiletine</i>	12	NAGLAZYME	21
MICARDIS	14	NALLPEN/DEXTROSE	3
MICARDIS HCT	14	<i>naloxone</i>	9
<i>miconazole 3</i>	25	<i>naltrexone</i>	9
<i>microgestin 1.5/30</i>	26	NAMENDA	8
<i>microgestin 1/20</i>	26	NAMENDA TITRATION PAK	8

<i>naphazoline hcl</i>	27	NIPENT	6
<i>naproxen</i>	9	<i>nisoldipine</i>	14
<i>naproxen sodium</i>	9	<i>nitro-bid</i>	16
NARDIL	11	<i>nitrofurantoin macrocrystalline</i>	4
NASONEX	29	<i>nitrofurantoin monohydrate</i>	4
NATACYN	26	<i>nitroglycerin</i>	16
<i>nateglinide</i>	21	<i>nitroglycerin transdermal</i>	16
NAVANE	11	NITROLINGUAL PUMPSPRAY	16
NEBUPENT	3	NITROSTAT	16
<i>necon 0.5/35-28</i>	26	<i>nizatidine</i>	23
<i>necon 1/35-28</i>	26	<i>nora-be</i>	25
<i>necon 10/11-28</i>	26	NORDITROPIN CARTRIDGE	24
<i>necon 7/7/7</i>	26	NORDITROPIN NORDIFLEX PEN	24
<i>nefazodone</i>	11	<i>norethindrone</i>	25
<i>neomycin /bacitracin /polymyxin</i>	26	NORMOSOL	30
<i>neomycin /polymyxin /bacitracin /hydrocortisone</i>	27	NOROXIN	4
<i>neomycin /polymyxin /dexamethasone</i>	27	NORPACE CR	12
<i>neomycin /polymyxin /gramicidin</i>	26	<i>nortrel 0.5/35 (28)</i>	26
<i>neomycin /polymyxin /hc</i>	19	<i>nortrel 1/35 (21)</i>	26
<i>neomycin /polymyxin /hydrocortisone</i>	19, 27	<i>nortrel 1/35 (28)</i>	26
<i>neomycin sulfate</i>	3	<i>nortrel 7/7/7</i>	26
NEORAL	5	<i>nortriptyline</i>	11
NEPHRAMINE	30	NORVIR	1
NEULASTA	24	<i>novamine</i>	30
NEUMEGA	24	NOVOLIN 70/30	21
NEUPOGEN	24	NOVOLIN 70/30 INNOLET	21
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